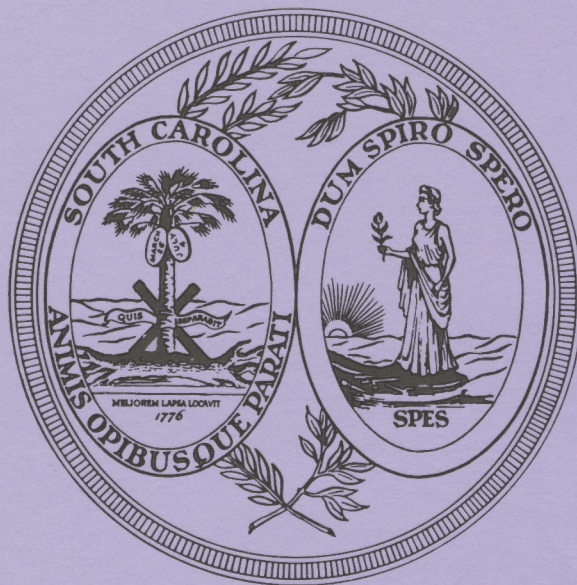


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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH



ANNUAL REPORT 1991-1992

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South Carolina
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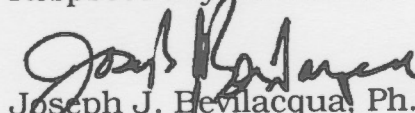
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Joseph J. Bevilacqua, Ph.D.
State Commissioner

October 15, 1992

To his Excellency Governor Carroll A. Campbell, Jr., and the
Honorable Members of the General Assembly of South Carolina, transmitted
herewith is the Annual Report of the South Carolina Department of Mental
Health for fiscal year 1991-1992.

Respectfully submitted,


Joseph J. Bevilacqua, Ph.D.
State Commissioner

Enclosure

MENTAL HEALTH COMMISSION:

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C. Alex Harvin, Jr., Vice-Chairman, Summerton
Elizabeth L. Forrester, Georgetown

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Introduction

The South Carolina Department of Mental Health's mission is to provide services for people who suffer from mental illness--services that build on the strengths of each person, provide them an opportunity to improve their quality of life and attain a comfortable level of independence in their community.

The agency provides treatment, consultation and education services to people and their families who suffer from either--

- * a serious mental illness;
- * a significant inability to cope with the daily stresses of life;
- * alcoholism and drug addiction or both mental illness and mental retardation--and
- * to elderly persons who are mentally and physically handicapped.

South Carolina is divided into 17 geographical areas called catchment or service areas. Each area has a comprehensive mental health center. Each center is governed by a local administrative board that operates within policies and guidelines set by the department. These centers serve the state's 46 counties through 17 main facilities and a network of clinics and outreach programs.

Community mental health centers are the entry point into the South Carolina's mental health system. When a community mental health center's resources cannot meet a patient's needs, the center refers that patient to one of the department's 10 inpatient facilities.

The S. C. Department of Mental Health (DMH) is governed by the seven members of the S.C. Mental Health Commission, who are appointed for five-year terms by the governor, with the advice and consent of the state Senate.

Office of the State Commissioner

The South Carolina Department of Mental Health continues to focus its efforts on delivering services to people with serious mental illnesses as close to home as possible, rather than disrupting their lives by sending them to large, central hospitals miles away from home.

Most people disabled by a persistent mental illness are capable of living in their own communities if they have supportive, locally based programs available to help them. The department is continuing to build local program capacity statewide.

Achieving this transition to local care and providing more services for children, adolescents and their families will continue to be the agency's primary goals in FY 92-93.

Many of this year's accomplishments, such as hiring five additional job coaches and obtaining federal funding for 10 housing initiatives, reflect the agency's continuing effort to build a comprehensive community-based system of care.

Following are major FY 91-92 accomplishments:

- * The Berkeley Mental Health Center, the first of several community mental health centers slated for new buildings, officially opened May 17, 1992. Construction should begin in FY 92-93 on new buildings for Tri-County Mental Health Center's Bennettsville office, Coastal Empire MHC's main office in Beaufort, Waccamaw MHC's main office and a number of satellite offices.

- * The department submitted 18 grant applications for alternative community housing. Ten were approved for funding. This means that about 100 units of housing should be available next fiscal year.

- * The state commissioner chaired a Legislative Task Force on Homelessness that resulted in, among other things, a Housing Trust Fund being established with a dedicated, recurring fund source of between \$2.5 million and \$3 million each year for affordable housing for the homeless mentally ill and the indigent.

- * In February 1992, 88 of the department's 226 doctors attended the first statewide physician's conference, "Strategies in Continuity of Care." The two-day conference provided DMH physicians an opportunity to learn more about psychopharmacology, medication compliance, continuity of care and communication between community mental health centers and inpatient facilities.

- * Thirty-one patients moved from S.C. State Hospital to more independent living at Carter Street Apartments, a residential program run by the Columbia Area Mental Health Center. Comprehensive rehabilitation and employment services will be available to these clients along with the full array of CAMHC's services. Seven additional projects from six other mental health centers are planned for FY 92-93. All are designed to move patients out of Crafts-Farrow and South Carolina state hospitals into the community. If the programs are successful, 145 patients will move into the community, with an annual cost for services of \$2.7 million. The cost of maintaining these same 145 patients in inpatient facilities would be approximately \$7.25

million.

- * The department developed a new training program to address cultural issues in the workplace. The program focuses on several major points: the influence of culture on work habits; how racial and cultural diversity affect the work setting; and strategies for dealing with differences in cultural/racial behaviors in the work setting. DMH clinicians will serve as trainers.

- * Crafts-Farrow State Hospital's Addiction Program and the Earl E. Morris Jr. Alcohol and Drug Addiction Treatment Center were awarded three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). This is the first time these programs have received accreditation from CARF, the second largest nationally recognized accrediting body.

- * In an effort to bring state and local leaders together to discuss the critical needs of South Carolina's children, SCDMH and 21 other organizations sponsored a one-day conference in February 1992 called "KIDS CAUCUS." Four hundred twenty-five people from across the state attended the meeting to learn how to work together to improve the lives of the state's children. They also were given a statewide statistical look at South Carolina's children according to key health, education and social welfare indicators gathered by the KIDS COUNT data collection project.

All FY 91-92 objectives were met. Highlights include:

- * Community mental health center and hospital staff were trained how to use the revised Continuity of Care manual. Two audits to see how well centers and facilities have complied with continuity of care and discharge planning standards showed great improvement since July 1989.

- * The department did a feasibility study for short-term regional crisis stabilization hospital in Charleston to be jointly operated by Charleston/Dorchester Community Mental Health Center, the Medical University of South Carolina and possibly Charleston Memorial Hospital. The study concluded that "it could be expected that 20 lowcountry regional psychiatric hospital beds added to other local hospitalization initiatives and non-hospital crisis stabilization activities could be expected to allow the diversion of all state psychiatric hospitalizations" for the lowcountry region.

- * DMH helped 77 clients obtain jobs during the fiscal year. Of the 77 placements, 57 were through the Supported Employment MH/VR initiative. The total number of clients employed in the public and private sector as of May 1992 is 180.

* Three grant-funded, day-treatment programs were initiated this spring, one in Greenwood and two within the Charleston School System.

* Dr. Andres J. Pumariega was hired at the associate director for Hall Institute's children and adolescent services.

* DMH established an administrative rotation for psychiatric residents. Six residents did administrative rotations during the fiscal year in the Department of Mental Health and five residents were involved in research projects.

* A Public Psychiatry Training Program was developed at the Hall Institute with the assistance of a Public Psychiatry Program Advisory Board.

* The Public-Academic Consortium has completed focused education experiences for consortium members at four different training sites around the state. Twenty-seven members have participated in nine training sessions.

* A mental health systems research program was developed at the Hall Institute. Research projects have been initiated in forensic psychiatry and in child and adolescent psychiatry. Research papers are being written and submitted for publication. DMH's paper concerning the development and history of QA-SAM was published in the May 1992 issue of "Hospital and Community Psychiatry." This article received substantial national recognition for the department's quality assurance system.

Goals for FY 92-93 include:

* Move the Transition to Local Care initiative forward in spite of budget reductions imposed by the Budget and Control Board or General Assembly. Specifically, to ensure that the eight community mental health center projects approved in FY 91-92 are implemented in FY 92-93.

* Demonstrate increasing participation of researchers and other academics in the service mission of DMH and in the training of difficult-to-recruit specialists (psychiatrists, psychiatric nurses, etc.)

* Further improve the clinical information system (computer linkages) connecting our centers and hospitals, and to continue to monitor continuity of care.

* Continue to provide leadership on children's issues in South Carolina, especially as these issues relate to the emotional problems of children, adolescents and their families.

* Manage the agency within budget while minimizing the effects of externally imposed reductions.

Division of Administrative Services

The Division of Administrative Services provides consolidated administrative support to our inpatient and community treatment programs and is comprised of four areas: Departmental Services includes the departmental warehouse, consumable inventory, fixed assets, surplus property and Physical Plant Services supply functions; Management Services includes vehicle management, grounds maintenance, printing, microfilming, forms control, residential housing, vehicle and building insurance, and special projects; Nutritional Services includes clinical nutritional services, food production, food delivery and food serving; and Physical Plant Services includes professional engineering, special and preventive maintenance, construction and renovation, building codes and licensing standards, energy use and conservation.

Departmental Service Operations orders, stocks and issues supplies; technically supervises eight facility supply points and 23 property control points for major movable equipment; and maintains records of and monitors the property of the Division of Community Mental Health (17 mental health centers with 115 satellite offices and seven autistic children's facilities).

Some of our goals for FY 91-92 were to:

- * include Bryan Hospital and Tucker Center in the list of those using terminals to process supply transactions;
- * begin a supply system to serve the total supply needs of Physical Plant Services; and
- * update the fixed assets equipment class catalog;

All of these goals were met, with the exception of getting a terminal for use at Tucker Center. We feel certain that goal will be met this coming year.

Disposal of salvage/surplus equipment and scrap in FY 91-92 amounted to:

State Surplus Sale of Vehicles:

Total Sales	- \$28,228.50
Amount Returned to DMH	- \$12,250.80

State Surplus Sale of Surplus Equipment:

Total Sales	- \$14,452.40
Amount Returned to DMH	- \$ 4,194.97
DMH Bid Sales:	- \$ 8,086.54
Scrap Silver	- \$ 556.76
Scrap Grease/Fat	- \$ 495.80
Total	- \$ 9,139.10

Goals for FY 92-93 are to:

- * convert Tucker Center supply to use of a terminal instead of marking cards and sending them to key punch to be entered;
- * find the most effective way to use the vacant space in the warehouse, which will no longer be needed to store much of the food they presently stock; and
- * work with Nutritional Services to help provide the smoothest transition possible toward use of a prime vendor.

Management Services continued to support the facilities, centers and other entities in their missions through the provision of quality services. Each section met the goals that it established and used the available resources in an effective and efficient manner.

Nutritional Services took an extremely new approach to patient meal service. The six-week cycle menu was revised to a three-week cycle menu that achieves the goal of being moderate in fat, sodium, protein and sugar.

The planning phase for both prime vendor and cook/chill production were completed with implementation scheduled in phases for FY 92-93 and beyond. Implementation of these will allow for more timely menu changes as well as implementation of a select patient menu for nursing home patients.

Data entry into COMPUTRITION continued. We have completed entering the three-week cycle menu, all ingredients and all recipes. Next, the regular and therapeutic menus will be analyzed, and individualized meal tray tickets for all nursing home patients for use on a centralized tray line will be produced. Patient likes, dislikes, allergies and special dietary needs will be considered in the production of meal tickets.

Nutritionists continue to assist with the development and evaluation of the clinical nutritional care of patients via nutrition counseling and education, nutrition assessment and formulation of nutrition care goals in treatment teams. Each nutritionist serves as liaison between the DMH facility and Nutritional Svcs.

The annual food acceptance survey was revised and administered to a random sample of patients residing in all facilities. Overall, patients feel that Nutritional Services is doing a good job and that meals are pleasing a majority of the time.

Due to the inability of the older population to respond to formal surveys, plate waste studies will be used in conjunction with the food acceptance survey.

Emphasis for FY 92-93 will be on:

- * implementation of prime vendor contract;

- * nutrient analysis of all menus and revisions as indicated;
- * implementation of cook/chill prototype to serve 500 patients, which includes select menu for these patients;
- * production of individualized meal tray tickets and nourishment labels using the COMPUTRITION system.

Physical Plant Services made many significant achievements in FY 91-92. Noteworthy are major roof renovations underway at Bryan Hospital, Tucker Center and Hall Institute; renovations to Morris Village cottages and infirmary; and interior work in many of the State Hospital bathrooms.

Community mental health centers are experiencing many significant changes with Physical Plant Services engineers managing building projects in various areas of the state.

Berkeley Community Mental Health Center was completed and occupied during this period.

Facilities in progress in the northeast region of the state are: Tri- County, Bennettsville approaching ground breaking; Dillon and Chesterfield investigating potential sites; and Waccamaw in the final design stages.

In the southeastern sector of the state, Coastal Empire, Orangeburg and Santee-Wateree mental health centers collectively have nine satellites under design with major emphasis on site procurement. Also, Coastal Empire Mental Health Center has received land. and an architect is designing their main facility.

Physical Plant Services completed the Lever Hall Apartment restoration for Columbia Area Mental Health Center and is currently involved with a second phase renovation in the Independence Clubhouse.

Major goals for FY 92-93 are to:

- * closely monitor and manage the above projects through completion;
- * open several major community projects in the northern and western portions of the state;
- * provide quality maintenance to all the facilities it now serves.

Division of Financial Services

The Division of Financial Services continued to improve in areas of service delivery to the other operating divisions and maintained the high quality standards necessary for financial transactions. This was evidenced by the state auditor's reports that showed no significant deficiencies.

Procurement worked diligently to help centers and facilities achieve their goals. Continued instruction of individuals on procurement issues will be of highest priority. Also, Procurement is in the process of becoming more automated. This phase of automation should be completed by Jan. 1, 1993.

The Patients' Personal Affairs Medicaid outreach program continues to maximize revenue from Medicaid for inpatient children's services. The outreach program will soon expand to include the ICF/MR Program. Work is continuing toward more automation of activities to improve timeliness, where possible, in establishing patients' eligibility for benefits.

The community mental health center "entitlement specialist" program continues to increase the number of Medicaid-eligible clients served and to increase the amount of Medicaid reimbursement received by the Department. Direct computer linkages to the DMH and DSS mainframes have allowed community mental health centers to more quickly identify Medicaid-eligible or potential eligible persons, as well as to quickly obtain accurate information about clients. Technical assistance, i.e., training on eligibility criteria for Medicaid, Social Security, Supplemental Security Income, etc., as well as individual case consultation, is provided to the centers and inpatient facilities on an ongoing basis by Patients' Resources staff. Work is continuing on development of written policies and procedures for billing patients for services rendered. The billing standards committee is continuing work in this area.

The Reimbursement Section's major objective is to maximize collections from all third-party payers for inpatient care. Major goals for FY 92-93 include improvements in automation of the reimbursement processes.

Cost Development successfully implemented a program to fully automate its filing of the federally mandated Medicare/Medicaid cost reports, and for the first time in our 26 year history of participating in these programs, all of DMH's inpatient psychiatric hospital reports were submitted electronically. Because the number and complexity of these reports has been steadily increasing, there was no doubt that a strategy that would improve their overall efficiency and accuracy was needed. During FY 92-93, Cost Development plans to incorporate DMH's nursing homes into this system.

The Budget Control Section has completed its consultation visits to each of the community mental health centers. They were well received at every center; there is no doubt that the center administrators have a better understanding of the state

and departmental accounting systems as a result of these visits. Similar visits will be scheduled for inpatient facilities in FY 93.

A major goal for the Contracts Section has been the establishment of uniform contracts with providers of Medicaid reimbursable services for children and adolescents. In cooperation with General Services and other agencies, nearly 40 contracts have been established to give DMH clinical staff the widest possible choice of treatment providers.

Division of Human Resource Services

The Division of Human Resource Services accomplished the following goals in FY 91-92:

- * Employee assistance program assisted over 600 employees.
- * The one-day employee orientation program was fully implemented.
- * An alcohol/drug addiction training program was developed.
- * A physician continuing education program was implemented.
- * A suicide assessment and intervention program was developed and provided to 644 clinical staff.
- * A cross-cultural training program was implemented, and 652 employees received training.
- * A total quality management training program was developed and implemented.
- * A cooperative education program with the University of South Carolina College of Nursing was implemented.
- * A series of focused educational experiences for faculty, students, residents and mental health professionals was implemented.
- * A continuing nursing education program was approved.

Major goals for FY 92-93 include:

- * establishing an employee health clinic;
- * expanding total quality management training;
- * expanding the cooperative education program with the University of South Carolina to other professional disciplines;
- * conducting a series of programs on mental illness for administrative staff; and
- * completing and implementing a nursing series classification study.

Division of Planning, Policy Development and Analysis

During FY 91-92, the Information Resource Management Division initiated numerous activities under Phase 1 of the MIS Enhancement Project. As of July 1, 1992, the following accomplishments had been achieved:

- * the Department became a subscribing member of the State Data Network. As of July 1992, all community mental health centers, inpatient facilities and central office were connected to the network;

- * the Department extended a link from its computer network to the DSS computer. Henceforth, all appropriate community mental health center staff will be able to gain instantaneous access to the DSS computer to determine whether a client Medicaid or Medicaid eligibility;

- * a client tracking system was developed and made available to all community mental health centers and inpatient facilities. This system offers departmental staff the ability to quickly track a client's history of treatment throughout the DMH care delivery system;

- * the old manual labor-intensive method used to collect employee leave and calculate payroll adjustments was replaced with a new computerized system;

- * IRM staff procured and installed a new mainframe, disk drives, controllers, digital service units, and network software;

- * a new system was developed to supply continuity of care information to community mental health center clinicians and secure data for management. When a patient is discharged from a DMH inpatient facility, centers now receive information concerning those clients on their computers within 24 hours. Management can use statistics from this system to monitor compliance of centers with continuity of care standards;

- * new microcomputers and office automation software were procured and installed in six centers and two facilities.

Emphasis for FY 92-93 will be on:

- * delivering new information technology to the community operations of DMH;

- * procuring and installing a new community system;

- * enabling centers to electronically transfer data from their computers to the mainframe;

- * automating three centers that do not have computer systems;

- * automating insurance billing for inpatient services;

- * procuring additional software products and providing more training classes to make data more accessible to management and researchers; and

- * training DMH staff in the use of the new office productivity products and networking together hundreds of agency personal computers so that eventually all DMH staff can communicate easily and quickly with each other through a sophisticated computer E-mail system.

Office of Communications

Office of communications staff published and disseminated the following:

- * IMAGES, the department's bimonthly employee newsletter;

- * "Commissioner's Update," a monthly update on significant issues facing the department;

- * "Newslite," a composite of statewide news articles distributed weekly to internal management;

- * "DMH Weekly Bulletin," distributed to administration employees;

- * "1991 Annual Report," a brochure that captures in short statements the major accomplishments of the department during 90-91;

- * "Fact Sheet" and "Important Dates in Mental Health History," two publications that offer information about the department in capsulated form;

- * "Get the Facts" (on Mental Illness) cards offering information on Adolescent Development; Attention Deficit; Depression; Eating Disorders; Mental Health Professions; SCDMH Mission; Panic Disorder; Schizophrenia; Speakers Program; Stress; Teen Suicide; and

- * disseminated 13 news releases.

In September 1991, the office planned and hosted in Columbia the National Association of Mental Health Information Officers' annual institute.

Volunteerism received increased emphasis during FY 91-92. A Task Force on Citizen and Community Resources was organized for the purpose of studying the volunteer program and making recommendations for future development. The task force strongly supported the critical need for volunteer involvement as community programs are expanded. It also called for funding of a volunteer coordinator position in each mental health center as well as advisory committees to guide program

development in all facilities.

Integration with continued goals of the transition council and with those of the state plan were also recommended.

Over 5,739 volunteers provided services with a total of 103,528.22 hours. Total value to the agency was \$1,392,012.75.

Goals for FY 92-93 are to:

- * develop communications strategies for Transition to Local Care initiatives;
- * prepare materials to explain TLC and the department's community support services, such as housing initiatives;
- * provide information to the public about mental illness and the Department of Mental Health;
- * provide public information and public relations services to various agency components, as requested;
- * develop employee recognition programs as part of the department's Total Quality Management initiative;
- * integrate volunteer program standards through annual evaluations of each facilities' program.
- * increase the number of volunteer coordinator positions in centers to four; and
- * emphasize and develop consumer/volunteer opportunities.

Office of General Counsel

The attorneys in the Office of General Counsel presented over 75 programs on legal issues relevant to Department of Mental Health clients, staff and operations. The majority of these presentations were made to Department staff members at mental health centers, inpatient facilities, specialized staff training programs and the DMH Leadership Academy. Presentations were made to groups outside the Department including family court judges, probate judges, the Alliance for the Mentally Ill and staff of other state agencies. The broad range of topics included children's commitment laws, patients' rights legislation, employment procedures and laws, mental health legal issues in landmark court cases, and numerous laws relating to patient care.

The Department's attorneys also provided consultation regarding mental health legislation as it progressed through the S.C. General Assembly. The General Assembly passed legislation that requires consideration of consumers and family members for appointment to community mental health boards; which

creates the Self-Sufficiency Trust Fund and the Disability Trust Fund for pooling of funds for the benefit of developmentally disabled, mentally ill and physically handicapped persons; and several other acts that clarify the commitment statutes and the patient rights laws.

Office of Internal Audit

A primary objective of the Office of Internal Audit is to increase resources available to the agency in support of the agency's mission. An "audit of the business" approach seeks opportunities to increase revenues, decrease expenses and maximize efficiencies within the organization. The continuous monitoring of agency activities helps ensure compliance with established policies and procedures.

During this fiscal year, audits were carried out at hospital facilities for the first time. Audit activities were enhanced by initiating data processing reviews as part of facility and mental health center audit programs. A formal risk assessment program was introduced to provide improved audit selection techniques.

Goals for the coming year include a continuing shift of emphasis to the larger and more significant opportunities for audit and increasing the effectiveness of OIA work.

Office of Public Safety Services

Throughout the past year, Public Safety Services continued to provide a high level of law enforcement and fire safety services to protect DMH residents and property.

Staff responded to 14,584 requests for assistance and spent 12,000 hours dealing with these requests. General staffing has been reduced due to budgetary restrictions; however, a variety of work schedules have been developed to minimize these shortages whenever possible.

Training remains a high priority, and all staff are involved in a variety of annual certifications and recertifications through the S.C. Criminal Justice Academy and DMH staff development.

Our special investigations section was involved in 497 cases of criminal activity and administrative violations, which resulted in numerous arrests and the recovery of approximately \$30,000 in money and property.

Additional emphasis has been placed on community based programs through courtesy life safety surveys and specialized investigations in centers located throughout the state.

Office of Quality Assurance-Standards and Management

The idea of continuous quality improvement (CQI) has permeated all levels and functions within DMH and is now expanding from the clinical areas into a total quality management concept, since all functions of DMH actually impact patient care.

The CQI system as described in, "A Quality Improvement Process for State Mental Health Systems," (Hospital and Community Psychiatry, Vol. 43, May 1992) resulted in inquiries from many other states that are trying to develop CQI systems.

As emphasized in the article, once a CQI process is in place, it requires continuous refinement and unrelenting determination at all levels of management.

One example of continuous tracking of an identified problem and the necessity of continuous refinement of the solution is decubitus ulcers. One cannot assume that problems once solved, remain solved. Staff are frequently in transition and the state-of-the-art may change with new treatment concepts and as new products become available. Therefore, periodically, problems thought solved at one point in time must be revisited and updated. There is now a new decubitus ulcer task force doing exactly that.

The primary goal for the coming year continues to be an unrelenting search for improvement opportunities, which permeates all levels and functions.

Division of Clinical Services

Special Division Services for Alcohol and Drug Abuse

The year was spent working with the S.C. Commission on Alcohol and Drug Abuse to design a model array of services for people who are addicted, as well as, services to meet the special needs of children and adolescents and people who have a dual diagnosis of a major mental illness. A draft of the model array is being assessed by the management teams of each agency.

Over the coming year, the draft will be finalized, and resource requirements to implement the model will be addressed in detail.

The two agencies collaborated to produce a curriculum to train staff of both agencies in the diagnosis and treatment of people who have a serious mental illness and addiction.

Training will begin in September and includes mentors

who will provide on-going clinical consultation and support regionally for staff serving this challenging group of people.

This fiscal year, we focused on refining policies and procedures. A guideline has been developed for people in the community who assess individuals with alcohol and drug problems in order to determine whether an emergency commitment for alcohol and drugs is both clinically and legally appropriate.

Also, the continuity of care guidelines are being reviewed with more involvement from the community mental health centers. In addition, a protocol is being developed to assess alcohol and drug use, abuse and addiction in the community mental health centers' psychiatrically disabled population.

Involvement in alcohol and other drugs is often under-reported in this population. The protocol will help clinical staff determine if the person has a dual diagnosis so that treatment can be provided more effectively.

DMH, in conjunction with the S.C. Commission on Alcohol and Drug Abuse, is supporting a study of the involuntary commitment law in Spartanburg County. This study grew out of a study of public inebriates done by this county. A goal is to determine how admissions to state operated inpatient facilities can be reduced.

The Department also examined transferring the detoxification program currently located at Byrnes Medical Center to Morris Village. However, it was cost prohibitive and will be re-evaluated as funding permits.

Special Division Services for Children, Adolescents and Their Families

The ultimate goal of the Division of Children, Adolescents and Their Families is to develop mental health services that address the needs of these groups across the state. The system of care resulting from the array of services must be family-focused, community-based and culturally competent.

During FY 91-92, the DMH made mental health services for children, adolescents and their families its number one priority, including the expansion of existing services as well as the development of new services.

The following were major accomplishments in FY 91-92:

- * Two federal grants were awarded DMH in the area of children's mental health services. The first National Institute of Mental Health (NIMH) research grant covers a period of three

years at a total budget of \$1 million. This grant will look at the provision of family preservation services to serious juvenile offenders in six counties. Major research issues to be addressed are the ability to replicate this training and service in rural portions of our state as well as the continuing review of the effectiveness of serving children in their homes, as opposed to removing them to juvenile justice facilities. The second grant was an NIMH child and adolescent service system program grant. Totaling just under \$500,000 over three years, it has two components: 1) the development of a training curriculum for child mental health professions currently employed by the Department to enable them to better serve an increasingly difficult group of young people, and 2) to work through the S.C. Alliance for the Mentally Ill toward the development of a statewide parent support and advocacy network.

- * The first two child/adolescent day treatment programs were developed and implemented through the Beckman and Charleston mental health centers. This intensive, non-residential service is intended to divert youngsters from having to be placed out of homes and, in some cases, to be used as a step-down service reducing the period of time that a child may have been placed out of home to receive necessary services.

- * The Department remains concerned over the number of young people being served out of state. The Department continues to be a full participant in the Children's Case Resolution System activities, having spent \$900,000 this year in concert with our sister agencies to serve children for whom appropriate services were not available within our systems. Resulting from an effort to reduce the number of young people being sent out of the state, this year saw the fewest number of children for whom out-of-state care was purchased by the Department, 13. Though it is not feasible to expect that all children can be served in the state, the goal remains to reduce this number as near to zero as possible.

- * With the Finance Commission's assistance, a wide range of therapeutic foster care, group home, and residential treatment facility vendors came under the Medicaid umbrella. By becoming Medicaid eligible providers, this enabled the Department, particularly through its Crisis Stabilization Service, to serve more children by increasing its ability to leverage federal funds through the Medicaid program.

- * DMH hosted the Sixth Annual Children, Adolescents and Families Conference. Some 300 child professionals from around the state and all child serving agencies attended, with this years'

theme being "Treating the Young Child: Family-Centered Intervention a Multi-systems Response. This was a direct response to the Department's participation in the state infant and toddler initiative.

* Numerous meetings were conducted between the commissioners of the state's child-serving agencies as the importance of children's policy and programs were stressed. In addition, advocacy groups in the state concerned with children's mental health issues organized and advocated strongly on behalf of those young people in need of mental health services. Their efforts resulted in an appropriation of \$1 million for children's mental health services.

Goals for FY 92-93 are to:

* work to increase the participation of parents of emotionally disturbed children on boards and committees within the Department;

* through collaboration with the Department of Youth Services, develop and fund mental health services for juvenile offenders; and

* increase the number of training opportunities participated in by child mental health professionals in areas such as infants and toddlers, cultural competence and family support involvement.

Special Division Services Developmental Disabilities

Programs for Persons with Mental Retardation:

Over 200 people with mental retardation have been transferred to the Department of Mental Retardation from the psychiatric inpatient facilities.

The two agencies negotiated a new interagency agreement that refined the referral process and focused on closer collaboration between the local providers.

Currently the two agencies are reviewing those individuals who are behaviorally challenging, but have no mental illness diagnosis. Of 20 individuals identified in June 1992, seven have been discharged and one has been placed on a waiting list for services from the Program for Individuals with Autism.

An additional 40 or more dual diagnosed individuals have been identified as stable and ready for discharge. The goal in focusing attention on these individuals is to work toward discharge of these individuals when they are stable to prevent backfilling. The agencies are also exploring funding strategies to insure that residential resources are available in the future.

Programs for Individuals Who Are Deaf and Mentally Ill:
Both the inpatient program at Harris Hospital and the regional programs in community mental health centers are fully implemented.

The focus this year has been on developing community based residential alternatives. The goal this year is to establish an apartment program in the Piedmont Region of the state that includes intensive case management services and staff support. In addition, work will continue to focus on expanding out patient services and educating staff about the needs of deaf individuals.

Programs for Individuals with Autism:

Community integration continues to be the goal of this program. The year has been spent developing administrative refinements regarding hiring and training staff with emphasis on professional ethics and values, developing more detail procedures regarding day-to-day operations and developing strategies for integrating individuals into social and recreational opportunities in the community. The development of independent social networks continues to be a goal of this program.

Special Division Services Elderly/Long Term Care

The following summarizes the implementation of goals in FY 91-92:

- * training for community mental health center geriatric specialists was developed and divided into two basic components. The 30- hour intensive Geriatric Specialist Basic Course is provided for people who are new to the field or who have not had specific classroom experience in services to the elderly. The 30-hour intensive Geriatric Specialist Advanced Course is designed for people completing the basic course. These experiences and the concomitant information gained in the classroom result in increased quality services to geriatric individuals and caregivers in the home and community setting;

- * the concept of toward local care has been supported through the partial funding of three adult Alzheimer programs located in Aiken, Cayce and Charleston;

- * key targets in the geriatric specialist training are those strategies and intervention measures designed to aid clients in living in non-institutional settings with an improved quality of life. Simultaneously, caregivers of these elderly persons receive increased levels of knowledge and training to care for people experiencing increased levels of daily activity disability;

* through the use of the geriatric specialist quarterly statewide meetings, encouragement was extended to each of the mental health centers to include services to elderly in their respective state plan processes. As a result of working closely with the geriatric specialist staff, it is felt that most, if not all, center directors have a keen appreciation for the elderly service system delivered by their staff. This support is seen primarily in their continued retention and enhancement of the role and function of the position of geriatric specialists in each center; and

* the Commission on Aging has increased the number of support groups for elderly clients and caregivers for the homebound care and referral services through the development of a safety related video tape currently being developed, intensive training for homebound personnel and increased referral services through the local area agencies on aging.

Goals for FY 92-93 are to:

* further enhance the educational levels of geriatric specialists basic and advanced with at least one course of each being offered during the twelve month period;

* along with DMH, encourage the Commission on Aging to develop public/private entrepreneurial strategies to result in elderly day programs, respite care and other short term interventions; and

* plan and implement a statewide Geriatric Conference on Innovative Treatment Strategies.

Division of Community Mental Health Services

Aiken-Barnwell Mental Health Center (Aiken and Barnwell counties)

The center fulfilled a FY 91-92 goal by maintaining its current level of services. There were 68 full-time center employees June 30, 1992, compared to 69 the previous fiscal year.

Staff saw an average of 866 clients a month compared to 861 the previous fiscal year. We provided 44,375 units of service as compared to 40,531 in FY 90-91, primarily due to an increased level of rehabilitative services by center staff at the two community residential care facilities under contract.

Another goal was to hire a second full-time psychiatrist. We were unable to do this, but did obtain the part-time services

of a local psychiatrist to assist in our community support program. In addition, we recruited a full-time psychiatrist who will begin in May 1993.

During FY 91-92, we had wanted to develop a triage process to reduce the long waiting period of six to nine weeks in Aiken County for new clients to be seen in treatment. (This has not been a significant problem in Barnwell County). The objective is to have a more immediate response and assessment for new clients requesting services; those being assessed as most urgent in need of treatment having a higher priority over those with less urgent need. It is expected that this triage process will be implemented around Oct. 1, 1992, for the Aiken area adult outpatient program. It is already in place in children's services in the Aiken areas as well as in our North Augusta office.

The center realizes now that, faced with continued budget cutbacks, it can no longer treat everyone who requests service, but that services must be provided on a basis of most urgent need.

The center received approval for funding from the Department for its proposed short term stabilization unit/transitional living project. This project will result in a stronger clinical program to support the STSU as well as to provide transitional housing and case management support to high management clients. The goal is to reduce the frequency of hospital readmissions. Staff are currently being recruited, and implementation should occur in September 1992.

Funding has also been received from the Department to provide a children's worker in the center's Barnwell office. Staff at that office were generalists in practice, seeing all who requested services. Now, the new children's worker will concentrate on the treatment of children and adolescents and provide supportive services to other community agencies seeing that population also.

The decision by Aiken County government to terminate its annual appropriations for the center's services in FY 92-93 was a serious blow to providing outpatient services to low-income persons in the community. That decision resulted in the loss of three clinical positions.

The center's development of a triage system was the result of this decision, and, as mentioned above, will result in many less urgent outpatient cases not being treated. This decision by the county to terminate funding is especially regrettable, since the center was established in 1965 at the specific request of Aiken County government when it requested approval and

matching funds from DMH. As a result, the Barnwell County board representatives will determine services for the larger and more affluent Aiken County population.

As a result of the very tight financial situation, not only are fewer outpatient clients treated, but the center has also had to terminate its employee assistance program to local industries. The decision to terminate the program was based on its significant financial deficit at year-end and the difficulty in recruiting rapidly for vacant staff positions so that contracts could be served in a timely manner.

Goals for FY 92-93 will be to:

- * refine the center's triage process;
- * develop a more adequate inservice training program; and
- * avoid a year-end budget deficit.

Anderson-Oconee-Pickens Mental Health Center (Anderson, Oconee and Pickens counties)

During FY 91-92, the Anderson-Oconee-Pickens Mental Health Center experienced a continuing increase in client caseload (with over 3,440 active cases at present) and accomplished several of its goals to better meet the needs of its clients.

While a goal for this year was to open a psychosocial clubhouse in Oconee County, a fire early in the fiscal year, which destroyed the Pickens Clubhouse, necessitated a reordering of priorities. A new clubhouse site was found in Pickens, and became fully operational again in June. Two locations have also been secured for clubhouses, one in Oconee and another in Pickens.

Another goal for this year was to hire an intensive case manager to work with high management clients. Four intensive case managers were hired during the year, bringing the total to five.

Other center accomplishments included:

- * hired another physician, bringing the total to five;
- * created a new position of emergency services coordinator;
- * purchased two additional vans and three cars;
- * cooperated with Anderson County Department of Social Services to provide a full-time entitlement specialist to assist center clients; and
- * worked more closely with Anderson/Oconee Commission

on Alcohol and Drugs, which resulted in their agency's assuming after hours on-call responsibilities for alcohol and drug clients and in a joint new program for handling Anderson County's dually diagnosed clients.

The community support program staff continued to work toward the center's goals of expanding and utilizing existing subsidized housing for the mentally ill in our community and toward increasing the movement of clients through the Village programs to placement and employment in the community. The goal of expanding the Family Preservation Project was not met during this past year, but will be a priority for next year.

Goals for FY 92-93 are to:

- * hire four additional intensive case managers, two each for Oconee and Pickens counties;
- * staff and furnish a crisis mobile unit that would travel throughout the tri-county area during the evenings to hospital emergency rooms and to other locations, as needed, to handle psychiatric emergencies. (A total of five staff members will be required to adequately provide services seven days a week);
- * expand supportive employment opportunities by hiring a coordinator to oversee the job coach program and to approach business industries about jobs for our clients;
- * hire a full-time volunteer coordinator; and
- * hire six new staff for the Family Preservation Project to provide teams in both Oconee and Pickens counties.

**Beckman Mental Health Center
(Greenwood, McCormick, Saluda, Edgefield, Laurens, Abbeville
and Newberry counties)**

Beckman Mental Health Center, despite fiscal limitations and extensive geographic demands, experienced a year of significant accomplishments.

At the beginning of the fiscal year, Child and Adolescent Services (C&A) was in its infancy. The newly hired C&A coordinator and Newberry's C&A counselor were making tremendous attempts to handle an ever-growing client volume, yet six of our seven counties remained without a designated C&A clinician.

In September 1991, a proposal was funded to develop a day treatment project through DMH children's services. Monies allowed three new positions to be hired at the master's level in Greenwood County. The project involved coordination with

Greenwood School District 50 and Connie Maxwell Children's Home. Later, the effort was expanded to involve the Greenwood YMCA. Memoranda were developed and logistics established to allow full implementation in early 1992.

Two of these positions were filled in January, and a third was filled in May. Using an adventure-based model, this program had become a successful therapeutic intervention for 42 youths by the end of FY 91-92.

The Greenwood Outpatient Clinic filled a designated C&A counselor position in February. Shortly afterward, DMH funded similar positions in the remaining five catchment area counties. A major recruiting effort was begun through colleges and universities in North and South Carolina and in Georgia. The Edgefield slot was filled in April, Abbeville's in May, McCormick's in June and Saluda's in July. Paperwork is underway to fill the final opening in Laurens in September.

As projected, a comprehensive C&A program assessment was conducted during spring 1992 with results now available to enhance planning and program development.

Another FY 91-92 priority focused on physical facilities. There are 12 free-standing structures housing a variety of program components within the seven counties. Several of the buildings and their furnishings had become quite dated, outworn, and/or outgrown.

The Laurens Outpatient Clinic found itself facing a building filled with structural problems. As a temporary solution pending a more permanent building project, the office was moved to newly leased space with minimal renovation to meet client/staff needs.

The administrative offices having outgrown facilities, faced the need to relocate to a more permanent site before installing significantly increased and permanent computer equipment. Such a location was found, with construction provided to specification. We occupied both sites in February.

February also saw the partial refurbishing of Horizon House, Greenwood's Group Living Skills Program. With work throughout the spring months, Newberry and Saluda outpatient clinics received extensive refurbishing efforts.

In January through March, we focused attention on meeting fire safety and security standards within all of our physical locations. Working with local building inspectors, fire departments and fire marshals, locations were inspected, fire exit plans drawn and posted, and equipment checked and supplemented.

This fiscal year also brought the McCormick Satellite Clinic to complete projected staffing. Joining the coordinator/nurse clinician and administrative specialist was a mental health counselor II in May and the aforementioned C&A counselor in June.

Beckman Center's board of directors hosted and funded their annual barbecue for local political leaders in August 1991. The annual board retreat and training was held in January. In June, the annual board dinner for board, staff and guests was the most well-attended ever.

Beckman's treatment capabilities encompassed the Clozaril effort with the establishment of a Clozaril management committee, chaired by one of our program nurse specialists. We have also become extremely involved in the area of high-risk management, working very closely with Harris Hospital in this effort.

With the goal toward networking and interconnectedness of service providers, all seven Beckman satellites were equipped with FAX machines. This has greatly enhanced communication, especially in the continuity of care between hospital and community.

As Beckman Center enters FY 92-93, our primary goal continues to be maintenance. The anticipated budget constraints will curtail new program development unless newly identified resources are found.

In exception to this growth ceiling, we continue pre-approved building plans to construct new facilities in Laurens and Newberry counties. Land has already been secured in Laurens with obligation to break ground by July 1, 1993, or lose the property. In Newberry, we are under negotiation for property.

Through data processing, we will continue a permanent goal to increase revenue generation through billing and collections.

The computer expansion goal of last year will be continued toward connecting our satellites through modum installation. To date, we have linked Newberry on line with administration. Other offices will soon follow.

During the months ahead, Beckman will explore its options for potential housing developments. In September 1992, our management team will visit the housing projects run by Columbia Area Mental Health Center for on-site consultation. Once we are better educated in this area, we hope to be in a position to realistically assess our needs and possibilities.

This center will continue to focus on services to children, adolescents and their families. We look forward in the immediate future to the contractual addition of a child psychiatrist one day per week for the Greenwood Clinic. We also have a proposal under consideration by DMH to add C&A outreach counselors in the Newberry and Laurens clinics.

Berkeley Community Mental Health Center (Berkeley County)

The Berkeley Community Mental Health Center staff are enjoying our new center building in Moncks Corner, which we occupied April 20, 1992.

We continue to be excited about the therapeutic environment in which we work and believe that this move has enhanced our service delivery system and improved staff morale.

Currently, we have 47 full-time employees and three part-time employees. There are two staff psychiatrists and four contract psychiatrists from the Medical University of South Carolina. Because of the population growth (135,586), and the documented need for a facility in the southern end of the county, there continues to be a need to locate an additional office in that area. Due to the reduction in state and county funding, this need has not been addressed.

Revenue collections increased by 32.83 percent Medicaid and 29.79 percent other fees during FY 91-92. Program planning and working with clients to make the payment of fees a therapeutic issue have made this increase possible.

We continue to develop our vocational program. We plan to employ consumers at the center and to increase the number of clients who are involved in volunteer activities or gainful employment.

Thirty percent of the county population is under the age of 17. There are five staff who work full-time with children and their families. Two staff work four days a week each. Child psychiatrists provide services 16 hours per week. The center and the Berkeley County School System conducted a four-week day camp for 37 youths this summer.

Eight Berkeley County residents are currently hospitalized at S.C. State Hospital and Crafts-Farrow. Efforts continue to develop treatment alternatives for these and other patients who may benefit from services provided nearer to their homes. Unfortunately, because local treatment facilities are not available, we have not been able to make a significant impact on the

number of patients who are hospitalized at the centralized inpatient facilities.

The Lowcountry Mental Health Association has resubmitted a grant to secure HUD funds to build apartments for our clients. Efforts to identify other housing alternatives are ongoing.

The executive director of the Drug and Alcohol Commission, the executive director of the center and key employees meet monthly to staff clients who require services from both agencies. Through cooperation and assistance from management information systems, our computer operation has been improved, enabling us to be in direct contact with those facilities which hospitalize our clients and enhancing our continuity of care efforts.

Major goals for FY 92-93 are to:

- * continue to address issues of staff morale and job satisfaction with specific attention to training, supervision, and peer review;

- * increase outreach activities;

- * increase intensive case management activities;

- * increase employment opportunities for consumers;

- * increase housing opportunities for consumers;

- * increase revenue collections;

- * increase consumer involvement in service delivery system;

- * explore securing crisis beds locally;

- * explore locating an office in the southern end of our catchment area;

- * increase our involvement with Berkeley County school system; and

- * enhance our volunteer program.

Catawba Community Mental Health Center (Chester, Lancaster and York counties)

The Catawba Community Mental Health Center continued its efforts to function more efficiently and effectively during FY 91-92.

The new organizational structure, designed and adopted the previous year, was fully implemented. New opportunities and initiatives have been sought to enable the center to address a number of needs.

The center has maintained its leadership in the area of

consumer involvement and advocacy. The consumer affairs coordinator has been involved in assessing client satisfaction and needs and chairing the consumer advisory committee. In addition, the consumer affairs coordinator participated in the state mental health planning process and chaired a key committee of the DMH State Planning Council.

A major achievement for the center was the submission of a HUD 811 Housing Grant application in conjunction with a local nonprofit service organization. This application was funded, and efforts are now underway to complete this project.

Several of the center's psychosocial rehabilitation programs were expanded or modified during the year. The Carolina Clubhouse reached an average of 45 members. In addition, plans were implemented to set up training for the staff and members in the Fountain House model.

Additional staffing resources were devoted to therapeutic group activities for chronically mentally ill clients residing in boarding homes in Chester and York counties. Finally, the intensive case management service implemented under the DMH Robert Wood Johnson Project, served an average caseload of 30 clients.

The center is experiencing facility limitations in several locations. An application was made for capital improvement funding for new facilities in Chester and Lancaster and for additional child and adolescent space in York county.

One of the projects in Lancaster County, received a high priority for funding approval.

Consumer employment remained a major concern. Several steps were taken to assist clients in securing meaningful training and employment.

A close working relationship was developed with the local Department of Vocational Rehabilitation office (DVR). A single DVR staff member attends case reviews, maintains regular office hours at the mental health center, provides leadership of a prevocational group at the Carolina Clubhouse and works with these clients throughout the entire DVR process. This DVR person also serves as the chair of the Carolina Clubhouse advisory council.

In addition to strengthening the relationship with DVR, the center submitted proposals for additional resources in the consumer employment realm. Funding for a job coach position was received from DMH. Also, The Catawba regional planning council awarded a grant to fund an employment development position to promote and create job opportunities for clients.

In the area of services to children and adolescents, the center has focused its efforts on developing additional outpatient resources. One additional position was developed in York County, and one position was developed in Lancaster County.

Goals for FY 92-93 are to:

- * increase the intensive case management capacity in each county so as to reduce the psychiatric readmission rate from 60.94 percent of admissions to 55 percent of admissions;

- * develop an expanded capacity to assist consumers to locate and succeed in employment opportunities in the community;

- * pursue development of child and adolescent day treatment capacity in conjunction with local school districts;

- * develop plans which, if implemented, would enable Chester and Lancaster Counties to provide 24-hour emergency services;

- * develop plans for providing short term crisis hospital availability in each county;

- * establish the Carolina Clubhouse as a training center for the Fountain House mode;

- * in our continuing process of self-evaluation, explore and, if feasible, implement a total quality management system for the agency; and

- * as part of the needs assessment process, place emphasis on assessing the needs and developing program plans for adults who seek services, but who are not chronically mentally ill.

Charleston/Dorchester Community Mental Health Center (Charleston and Dorchester counties)

The center's board of directors changed the name of the center to include Dorchester as an affirmation of Dorchester County's co-equal status in the organization. Concurrent with this was a detailed analysis of the allocation of resources between the two counties as part of the ongoing effort to ensure that resources are equitably distributed taking population and service needs into consideration.

At the end of the fiscal year, the center had an active case load of 2,419 patients of which 495 (17 percent) were children and adolescents. At the end of the year, the center had 134 personnel (FTE's), although much of the psychiatric coverage was provided by physicians under contract.

Multiple collaborative efforts with the Department of

Psychiatry of the Medical University of South Carolina continued, including projects such as the local public inpatient facility, the psychiatric emergency service, residency training and several research projects.

Significant funding under a model center, three-year grant from the National Institute of Mental Health ended during the year. The center substantially improved services under this grant and increased its revenue sufficiently to continue most of the programs under the grant.

During the year, the center received its third major NIMH grant in the past five years, a three-year research grant assessing the provision of services to mentally ill adults in rural areas. The center submitted a major grant application for services to persons with mental illness and substance abuse problems. The grant was not awarded, but the application will be resubmitted in the coming fiscal year.

The center continued its efforts to increase community-based services and to minimize the use of central hospitals. The local public inpatient psychiatry facility in the county hospital, partially funded by the center, increased the number of available beds for psychiatric patients with the assistance of additional center funds.

The center's hospitalization rate to hospitals in Columbia continued to be the second lowest of the 17 centers. However, the area's alcohol and drug admissions increased substantially, despite significant efforts to address this problem.

The center substantially increased its home-based versus office-based services and clinical staff continued comprehensive training in case management concepts. Significant progress was made in areas such as entitlement of psychiatrically disabled persons, provision of full-time services in the Charleston County jail, and employment of consumers.

Progress was also significant in children's services: a day treatment school-based program was established and the Family Preservation program became fully operational. Windwood Farm Home for Children, a residential treatment facility co-founded by the center several years ago, became an independent Medicaid provider no longer in need of the center's substantial fiscal support, but the center will continue a consultative relationship with the program.

Significant progress was made in the center's plans for capital development. The board reviewed property and anticipate that architectural plans will be finalized by the coming fiscal year.

Minimal progress was made in the area of recruitment of minority staff, and this will continue to be a goal. Moderate progress was made in the area of public education regarding mental illness and this too will continue to receive attention.

Goals for FY 92-93 are to:

- * establish another PACT program;
- * establish an adult foster care program for mentally ill adults;
- * expand children's services;
- * expand psychiatric coverage to the jail;
- * hire a local hospital liaison;
- * establish 24-hour emergency services for Dorchester County; and
- * establish an intensive case management program for mentally ill persons with substance abuse problems.

**Coastal Empire Mental Health Center
(Allendale, Beaufort, Colleton, Hampton, and Jasper counties)**

Since its establishment in 1966, the Coastal Empire Mental Health Center board and staff have remained committed to providing high quality mental health services to the citizens of our five-county catchment area.

The center has 67 staff members operating from 11 different locations. Six of these are outpatient offices, four are day programs, of which, three are Restorative Independent Living Skills (RILS) and one is Rehabilitative Psychosocial Treatment (RPT).

The center made significant progress on its goals for FY 91-92:

- * The center has implemented an on-call system in Colleton County that provides for the availability of after-hours, face-to-face evaluation. This emergency service became operational in November and is part of the center's emergency services and is available 24 hours, seven days per week for clients and their families and others in the community experiencing a mental health crisis.

- * The center has maintained one of the lowest admission rates to DMH central inpatient psychiatric hospitals in the state and reduced total admissions by 7 percent from the previous fiscal year.

- * The center increased services to psychiatrically disabled clients in September 1991, with the development of a Rehabilitative Psychosocial Treatment program in Jasper County.

This service is provided to 10 clients who attend the program two days per week.

- * The Riverview Clubhouse (RILS) in Beaufort implemented a car cleaning service in September that clients of that program operate each Friday. Four clients have been enrolled as part-time (intermittent) employees. They wash and take care of the center vehicles located in Beaufort. This has proven to be a very successful program that we hope to expand into other areas. A landscaping service operated by clients is one venture considered for the future.

- * The annual therapeutic summer day camp was held in June and July. It provides activities for a small group of at-risk youth in our area.

- * The center significantly improved services to children and adolescents with a recent agreement with MUSC to provide residents in child psychiatry to provide consultation and assessments.

- * The center has improved services to children and adolescents with the implementation of a peer supervision system conducted by the coordinator of Children and Adolescent Services, who meets each month with C&A staff from each office to staff difficult cases and assist in treatment planning.

- * Preparation for construction of the five new satellite facilities has required considerable time. The plans for the area offices have been finalized by the architects, and property for the buildings will soon be acquired for all of the area offices.

- * The Beaufort area administration operation moved in November 1991, and the North Beaufort County clinical operation moved in December to interim space. Planning has begun for construction of the new Beaufort building.

- * Accessibility for outpatient services has been increased for residents in southern Jasper County by an agreement with Beaufort-Jasper Comprehensive Health to provide space to see clients in Hardeeville one day per week. Many of the center's clients reside in the Hardeeville area and benefit from this outreach effort. Between five and six clients are being seen from this location by a staff member from Ridgeland.

- * Medical services were expanded by hiring three additional nurses.

Goals for FY 92-93 are as follows:

- * to increase the availability of psychiatric services by hiring a Psychiatric Service chief;

- * to complete plans for construction for the new Beaufort facility to be located on Ribaut Road and house clinical and

administrative offices;

- * to begin construction of the five area offices;
- * to assist our clients in their efforts to re-enter the job market by increasing temporary employment opportunities within the center to include a mobile work crew that would offer landscaping services;

- * to support the development and funding of decent, affordable housing for people with psychiatric disabilities by working with the local chapter of the S.C. Alliance for the Mentally Ill, DMH and the Mental Health Association;

- * to support the development and funding for local inpatient crisis beds at Beaufort Memorial Hospital;

- * to continue to increase the utilization of groups for clients with less severe disabilities that can be effectively served by short term, time limited groups;

- * to implement a Family Preservation Program for Hampton County;

- * to relocate the Walterboro Magnolia Place Clubhouse to larger and more suitable quarters; and

- * pending DMH funding, to establish an intensive case management team to work with difficult-to-manage patients in Colleton County.

Columbia Area Mental Health Center (Richland and Fairfield counties)

The Columbia Area Mental Health Center continued to experience growth in all areas as we created additional community resources to serve severely and chronically mentally ill individuals in community settings.

Total services increased by 25.7 percent to 129,923, while the number of clients served remained stable at approximately 6,750.

We made major efforts to develop alternative community programs for individuals who have been institutionalized in state facilities or may need these programs to prevent hospitalization. Psychiatric admissions to state facilities decreased 4.4 percent as compared to FY 90-91, mostly due to the use of alternative community resources.

We directed significant energies to provide additional rehabilitation services in psychosocial and activity therapy programs. There was a 54.6 percent increase in group living skills services and a 76.6 percent increase in activity therapy services. These services are provided to individuals who require

regular monitoring and assistance in order to maintain community tenure or enhance their quality of life.

The Rosewood Clubhouse opened in August at a newly constructed 7,500 square foot building designed to serve up to 60 clients a day. In November, the Marshall Street RPT program opened to provide activity therapy for residents of community residential care facilities. In June, three vocational evaluators employed by the Department of Vocational Rehabilitation were transferred from state mental health facilities to our three psychosocial clubhouses to start or enhance a transitional employment program.

An enhanced affiliation with Hall Institute and the USC School of Medicine provided a rotation for psychiatric residents in both the daytime and after-hours emergency services.

In October, the Fairfield County satellite office moved to a new facility in Winnsboro. This move provided adequate space for the staff who had been working in crowded and inadequate facilities for several years due to program expansion. In June, the Richland Northeast Office moved to a more adequate facility in the Spring Valley area. The new location is more centrally located for the clients it serves.

Renovations at the Carter Street Apartments provided additional supervised housing and rehabilitation services for chronically mentally ill adults (total capacity of 52). Between January and June, 30 patients at the S.C. State Hospital and five residents of community residential care facilities moved to the Carter Street Apartments. This project appears to be very successful. A formal program evaluation of the project will be initiated in FY 92-93 .

Several other major housing initiatives were begun in cooperation with local non-profit organizations to provide permanent housing for chronically mentally ill adults. In June, the center collaborated with Friendship Center and the S.C. Alliance for the Mentally Ill in submitting two HUD 811 applications for two, 20-unit apartment complexes.

Renovations to the Independence House facility were delayed until FY 92-93, but the census was increased to an average of 60 clients per day.

After much deliberation, we decided not to submit a major grant proposal for services to dually diagnosed clients. Instead, the center's research efforts were concentrated on developing program evaluations for new initiatives to be funded in response to a DMH request for proposals.

Services to children and adolescents were enhanced by

the addition of another staff member for the Family Preservation Program through a grant from the governor's office. This program targets children under the age of 12 who are already in the juvenile judicial system, with a goal of preventing out-of-home placement. Through a grant from the Mental Health Partnership, a seven-week summer program was begun in Winnsboro to serve Fairfield County children with special needs.

Center goals for FY 92-93 are to:

- * continue the development of housing alternatives for chronically mentally ill adults:

- (a) occupancy of four, three- bedroom houses purchased by the Mental Health Association in Mid-Carolina,

- (b) occupancy of the Thornwell Apartments (four, two-bedroom apartments for members of the Rosewood Clubhouse),

- (c) submission of other proposals as necessary to secure additional transitional or permanent housing for disabled clients;

- * open a new facility to provide activity therapy (RPT) for up to 60 chronically mentally ill adults daily. This will replace the smaller Marshall Street RPT program;

- * open the existing Marshall Street Facility as a 16-bed, non-hospital based crisis stabilization facility for an alternative to inpatient care;

- * if funding is available, develop two additional programs for elderly clients:

- (a) a comprehensive psychogeriatric evaluation and case management program for clients age 60 and above with complex treatment needs, and

- (b) an activity therapy (RPT) program and other enhancements to enlarge the caseload of the Elder Support Program by 20 clients taken directly from Crafts-Farrow State Hospital;

- * with special funding from the Department of Mental Health, a project will be implemented to move 20 long term patients from Crafts-Farrow State Hospital and S.C. State Hospital to local community residential care facilities (CRCF). Simultaneously, 20 current residents of CRCF's will be moved into independent living arrangements. Intensive clinical and case management services will be provided to both groups;

- * obtain a new, more adequate facility for the Lower Richland Office;

- * collaborate with Richland County School District Two to provide a Day Treatment Program for children and adolescents.

- * negotiate a memorandum of agreement with the Fairfield County School District for providing a Mental Health Counselor

to work at Fairfield Central High School;

- * negotiate contracts with the Department of Social Services, Richland School District One, Columbia Police Department and Columbia Housing Authority to provide additional Family Preservation Project positions;

- * complete renovation of the Carter Street Apartments to provide housing for 60 clients; complete a new office building at Carter Street to share with Friendship Center; and complete renovations at Independence House to address life safety issues, improve the physical appearance and increase accessibility for the handicapped;

- * secure adequate clinical office space to accommodate program expansions; and

- * pursue applied research and program evaluation activities with USC academic departments and the School of Medicine.

Greenville Mental Health Center (North Greenville County)

During FY 91-92, the major focus of the Greenville Mental Health Center was toward expanded services and new initiatives to better serve the psychiatrically disabled and the seriously disturbed citizens of our catchment area.

The center made significant progress toward its goals for FY 91-92 as follows:

- * developed cooperative efforts with local, non-profit organizations to increase housing options for the mentally ill--the center was successful in negotiating a contract with the Greenville Housing Authority for two three-bedroom apartments as emergency transitional options for homeless mentally ill clients. Our relationship with the Housing Authority has expanded to increase access for our clients to public housing options. We also worked closely with the local Mental Health Association in efforts to secure a HUD grant for erecting an apartment complex for the mentally ill. The application was awarded, and although the complex will be built outside our catchment area, it will be available for selected clients from our area. Gateway House, Inc., was also awarded a HUD grant for the construction of additional apartments with supervised care within our catchment area;

- * developed a restorative independent living skills (RILS) program targeting clients who do not or cannot benefit from the Gateway House program--our RILS program began operation on

Oct. 31, 1991, serving up to 18 patients daily;

- * expanded space at the 300 Building to house the restorative independent living skills program--we were unable to obtain additional space at that site. We have encountered complaints about patients of our NHIC program housed on that site, which may have contributed to our lack of success in negotiating an expanded contract. However, we have leased another building on Main Street, Greenville for all three of our day programs (RILS, NHIC, & RPT), which is better suited to our needs. Clients of these programs have expressed their preference for the current location which allows for more flexibility in their activities and allows for better security for staff;

- * developed additional transportation options for clients to increase access to services--a grant application has been submitted for a 15-passenger van to replace an inoperable vehicle. Two additional vehicles have been purchased and a vehicle operator position has been established. Transportation is being provided for all CSP day programs and for our newly developed RPT program for senior adult services. Ensuring transportation has significantly improved our effectiveness with services;

- * established a position and recruited an executive secretary position to assist the executive staff and board--a position has been established and filled to provide assistance to the board, the executive staff and to physicians;

- * developed a long-range plan for renovations to the child and adolescent building and playground--efforts have been made to obtain assistance via the hospital system (lessor) and through the architectural firm which constructed our building for replacement of the deteriorating landscaping timbers, posing a danger to children on the playground. This is still being researched and will be carried over to the next year.

Goals for FY 92-93 are to:

- * establish a day treatment program for youth in conjunction with the Greenville County School system;

- * develop a mental health counselor position to provide specialized treatment services with Cone Elementary School and follow-up services at Lakeview Middle School in conjunction with the Cities School Project;

- * reduce cost of providing service throughout the center by increasing productivity, improving activity reporting, improving billing/charging procedures, and maximizing billing options;

- * expand group therapy options in services to adults, senior adults, and addictions;
- * expand emergency services for improved after hours coverage; and
- * expand intensive case management services to additional programs (C&A, adults, addictions and senior adults).

Lexington County Mental Health Center (Lexington County)

During FY 91-92, community outreach and transition goals were a continued priority. The center was recognized as a leader in the intensive case management programming for the Department and for cooperative efforts with the inpatient facilities and other community resources.

The after-hours services ran smoothly in its first year of cooperation with Lexington Medical Center emergency room.

The following goals were successfully completed during the year:

- * developed and submitted a proposal for a federal housing grant: a Housing Committee was organized in December to pursue HUD 811 funds to construct 20 apartments. Members of the committee included representatives of the community as well as a center board member. The committee met several times to discuss the project and consider various sites. Finally, a site selection was made in March. The initial site was disqualified as a result of limitations pointed out by a consultant. The committee selected an alternative site that met the approval of the consultant, and steps were taken to complete the grant proposal.

- * increased employment opportunities for center clients: the center, through the assistance of DMH, has received the services of a job evaluator from the Department of Vocational Rehabilitation. The staff member is assigned full-time to the center and works with the staff to promote job evaluations and training for the clients. The center also reassigned a staff member to work full-time to develop transitional employment opportunities.

- * developed a community partnership among agencies and citizens to enhance mental health services and public education: a Lexington Partnership for Mental Health was organized, which includes the United Way, MHA, SHARE, and AMI and the center. The partnership received a grant from the S.C. Partnership to provide a greenhouse for horticultural therapy at the Living

Skills Program. The partnership has worked to support the project by educating the public and securing supplies and volunteers. The partnership is an ongoing effort to promote a strong working relationship among community agencies.

- * promoted and enhanced services for children, adolescents and their families: the center focused on delivery of services in the school setting to make services more accessible to children. Staff worked with local school districts who have been most cooperative in providing the necessary space and support for the in-school program. The program has been well received and has fostered a positive image of the center's Child and Adolescent Services.

- * implemented regional mental health services for deaf and hard of hearing in conjunction with the Division of Clinical Services: a well qualified individual was hired to develop services for the deaf and hard of hearing in Region A. Our center has served as the home base of operations for the program. The staff member visits every center on a regular basis to conduct direct and indirect services for clients. The program has been well received and many more deaf clients have been identified as needing mental health services.

- * increased accessibility to services for citizens living in the more remote and rural areas of the county: an office building was secured, and staff see clients weekly in the Batesburg/Leesville area. Case managers, nurses, and a doctor are there weekly.

- * evaluated the service needs of the senior citizen population: the center continues to assess the needs of the elderly. Several staff were certified in the geriatric specialist program and services can be broadened for this specialized population.

The center is in a leadership transition. Our executive director resigned after 13 years of service, and a major goal is the recruitment and hiring of a new director.

As the center strives to become more accessible and to become the central treatment site for persons with mental illness in our community, we identified the following priorities for FY 92-93:

- * hire a full-time psychiatrist to provide services for the adult population and hire a half-time child psychiatrist;
- * expand services to other rural areas of the county;
- * implement a post-doctoral clinical psychology placement for a child fellow in conjunction with Hall Institute;
- * enhance and develop services for children, adolescents and families by establishing an intensive case management

program, adding group services, and developing a summer camp/day treatment program;

- * continue and expand school-based services for children;
 - * develop the TLC Project for community based elderly services for Crafts-Farrow clients;
 - * identify and provide services for elderly as a target population;
 - * develop an employment program through the Clubhouse;
- and
- * expand services and support groups for dually diagnosed clients.

Orangeburg Area Mental Health Center

The Orangeburg Area Mental Health Center continues to improve its operations for providing quality care to consumers needing mental health services.

Priorities for service delivery geared toward local care have been integrated into our comprehensive program areas.

The major goals toward this accomplishment for FY 91-92 were as follows:

- * increase the number of clinical and administrative staff;
 - * establish a full-time satellite office in Calhoun County;
- and
- * expand program development to meet the needs of the psychiatric populace.

The clinical staff increased by 10, the support staff by two, and a custodial worker was hired from the clientele of the Orangeburg Area Mental Health Center.

Funding obtained from the diffusion grant allowed the Family Preservation Program to hire five staff. This multi-system treatment approach provides services for juvenile offenders between 12 and 17 years referred by the Department of Youth Services. Therapy is provided extensively to the family within the total confines of the home setting while using peers, school, extended families and other social support networks.

A full-time satellite in Calhoun County was established in April 1992. The clinic opened with a mental health counselor III as coordinator, a mental health counselor I and an administrative specialist B. A mental health counselor II position has been approved to provide services solely for children and their families.

Expanded services have occurred in the Restorative Independent Living Skills program in both the Holly Hill and

Denmark satellites. A position of therapeutic assistant was added to assist the mental health professional with the treatment milieu. Both therapeutic assistants had served as interns in the RILS program, which served as an added benefit to the center.

An additional service was created for emergency assessment of clients during office hours. The triage unit was designed to have a coordinator and two mental health counselors for immediate assessment and referral. Staff are being hired this fiscal year, and the program will be fully implemented and refined in FY 92-93.

All these actions have addressed the need to expand program development to serve the psychiatric populace. The center successfully obtained funding to provide comprehensive, extensive and new treatment modalities to clients discharged from DMH inpatient facilities. These extended services will provide a multi-faceted program of service delivery patterns, thereby offering flexibility and alternatives for the psychiatrically discharged patients during FY 92-93.

Administratively, the center has acquired a new executive director to carry out its missions and goals. The administrative staff have been involved in extensive training in Total Quality Management (TQM). A client satisfaction survey and staff survey have been administered for management planning. A community survey will be administered in FY 92-93.

Other accomplishments this fiscal year have included the reduction of the adult psychiatric admissions to state inpatient facilities. The same results have occurred with the admission to the C&A state facility. Continued interfacing with the Dawn Center (local A&D facility) and SCDADA has occurred to assist in significantly reducing the A&D admissions.

During the fiscal year, the center census increased from 1,703 clients to 1,894. A waiting list continues to be generated in the Adult Outpatient Unit.

Goals for FY 92-93 are to:

- * extend the children and elderly service delivery to all three satellite locations;
- * provide an array of treatment services that help to maintain clients with a severe and persistent mental disorder in the community;
- * increase efforts to provide employment opportunities for the seriously mentally ill;
- * increase the amount of staff time devoted to intensive case management; and

* significantly decrease the patient population from the catchment area in state inpatient facilities to local community care.

The adoption of a new organizational structure with TQM principles, a vision and value statement emphasizing quality of care for consumers and the development of team spirit and efforts should make a tremendous impact in FY 92-93.

Pee Dee Mental Health Center (Florence, Darlington and Marion counties)

Pee Dee Mental Health Center has been guided through this fiscal year by the Twelve Month Plan developed at the June 1991 board/staff conference.

One of the major accomplishments of this plan is a revised mission statement--a clearer statement reflecting current client needs and community based care for the seriously mentally ill.

A priority population policy, also a collaborative effort of the board and staff, was developed and approved in August 1991, preparing the way for the definitive mission statement. Using these two major policy initiatives, the center expanded growth in two areas:

* Community Support Program--moved into new and expanded offices and has added staff. A full array of CSP program components is in place, including the restorative independent living skills, housing for the chronically mentally ill, intensive outreach, Clozaril program, and the S.C. State Hospital liaison program. The goal of all of these programs is to assure continuity of care and provide services as close to the client's home as possible.

* Family Services--consolidated to one location with staff in Hartsville, Lake City and Marion. With additional staff, this program provides an improved quality of service and more convenient access for clients. The family preservation program expanded during the year, and with additional staff, provides services in Marion and Darlington counties.

During FY 91-92, the center worked on examining internal communications and enhancing information flow mechanisms for problem resolution. These are supervisory channels, direct appeal to the executive director, the professional advisory committee (a board committee with centerwide representation) and the management advisory council (an advisory group to the executive director with centerwide representation).

In addition, the structure and process for promoting

broader input into management decision-making was revised. Policy and procedures in support of goals established by the Department and by the center board have been developed. Copies of these are kept at each location for easy reference by all staff.

Goal No. 3 of the FY 91-92 Annual Report (to develop effective relationships with DMH, Pee Dee Mental Health Center staff, local communities, and governmental communities) was accomplished in the following ways:

- * Memoranda of agreements were developed and updated with most significant groups to which the center relates. This effort is ongoing;

- * In January, Pee Dee Mental Health Center's board of directors conducted their annual planning conference. The focus of the meeting was developing a model mental health center with emphasis on local care;

- * In February, the center held its annual leadership conference. This three-day retreat produced the annual leadership conference plan, which identifies five major goals to be accomplished during the calendar year. The impact of the revised mission statement was reviewed and goals and objectives developed to address the impact. * In May, a board staff conference gave staff and the board an opportunity to address centerwide issues and concerns. These concerns, along with solutions, were prioritized into six categories and developed into a report. This report will serve as a guide during FY 92-93. The issues and concerns identified were assigned to appropriate staff and centerwide committees.

- * The center's board of directors restructured their resource development committees in each county with the goal to strengthen the relationship with county councils, the Mental Health Associations, consumers and advocates for mental health.

Expanding the range of the center's management information system and fully integrating it into center operations was Goal No. 6 for FY 91-92. This goal was accomplished.

In September 1991, a management information systems specialist was hired to restructure the data management unit. During the year, all locations have been linked to the mainframe. In addition, all locations now have the capability to access client SSI information through the Department of Social Services database, and the center is now linked to the State Hospital system to facilitate continuity of care when Pee Dee Mental Health Center's clients are discharged.

In November 1991, the center's emergency on-call system

was reorganized to improve client accessibility to staff and emergency rooms, accomplishing FY Goal No. 4--to provide continuity of care for patients in their home communities.

Center growth for FY 91-92 was guided by the newly developed mission statement and the toward local care concept. Substantial progress was made on all six goals in the FY 90-91 Annual Report.

Goals for FY 92-93 are to:

- * educate and support staff in implementing the revised mission statement;

- * continue to emphasize continuity of care and the toward local care concept;

- * define Pee Dee Mental Health Center's role and responsibility in the community;

- * increase physician time to clients and staff;

- * enlarge the facility in Lake City to provide more adequate client services;

- * expand the community support program through the addition of an outreach worker in Marion, Hartsville and Lake City and one housing recruiter; and

- * provide team-building opportunities for staff.

Piedmont Center for Mental Health Services (South Greenville County)

The Piedmont Center for Mental Health Services serves one of the fastest growing areas in South Carolina. The area is experiencing a tremendous influx of new businesses and industries, many new housing starts, new apartment complexes and new families moving into the area. To serve this growing population, the center maintains full-time offices in Simpsonville and Greer and a part-time office in Piedmont.

Serving the seriously mentally ill continues to be a top priority of the center. There are numerous community based programs to provide services to this population. Through contractual arrangements, the center places patients in eight 10-bed community care homes, Ridgeview Community Care Homes and Gregory's Community Care Homes II. The center provides a rehabilitative psychosocial therapy program for these 80 patients.

The center contracts with Gateway House to provide a program of psychosocial clubhouse services for 30 clients. The clients live at Gateway Apartments, Portals Apartments, Towers

East Apartments or Carolina Retirement Center. Gateway House provides supportive employment services for selected clients.

The center also uses the services of Goodwill Industries and Vocational Rehabilitation. The Piedmont Center participates in the managed care project, which receives Robert Wood Johnson support. The center operates Sunshine House in Simpsonville, which is a program of restorative independent living skills.

The center contracts with Chestnut Hill Psychiatric Hospital to provide local inpatient stabilization for mentally ill clients. Other local hospitals are used when patients have resources to cover the cost of inpatient care. The center relates closely with Harris Psychiatric Hospital, which serves Region B of the state.

For children, the center contracts with Marshall I. Pickens Adolescent Program and Anderson Youth Treatment Center and Charter Hospital for local emergency stabilization.

The center provides a family preservation service for high risk children. All children in this project are in threat of being removed from the home and placed in a Department of Youth Services (DYS) or DMH institution. This program functions in close collaboration with DHS and the Family Court.

The center provides community residential treatment services for children ages 11 through 16 in the Clear Spring Home for girls and the Bethany Home for boys.

The center has a federally funded CASSP grant for a neighborhood-school demonstration project. This project targets children in the highest risk neighborhoods and the highest risk middle school areas in terms of emotional, behavioral and environmental problems.

The Piedmont Center has collaborated with Bryson Middle School where a full-time mental health counselor has been placed. This counselor works with children and parents and provides consultative services to teachers and staff. Research is included in this project.

The Piedmont Center made much progress toward the goals established for FY 91-92. The goals and responses were:

- * recruit a full-time psychiatrist--one-half time psychiatrist was hired in November 1991. The center is advertising for a full-time psychiatrist;

- * develop additional local emergency stabilization services--a contract was signed with Charter Hospital to serve children. Additional adult services are needed;

- * strengthen intensive case management services--

patients served through managed care and case management were increased;

- * add a driver for the psychosocial clubhouse program--duties of staff were restructured so that a driver and transportation would be more available; and

- * add an entitlements specialist--a full-time entitlements specialist was hired and trained in entitlements and case management.

The center had very impressive statistics for FY 91-92 which include:

Total number of patient contacts	- 53,964
New admissions	- 1,027
Readmissions	- 281

Serving the seriously mentally ill and emotionally disturbed children will continue to be top priorities.

Goals for FY-93 are to:

- * recruit a full-time psychiatrist for the Simpsonville Office;
- * develop a restorative independent living skills program for the Greer area;
- * plan and implement a residential and supported living and treatment program for eight hearing impaired mentally ill clients; and
- * add one additional case manager.

Santee-Wateree Community Mental Health Center (Sumter, Clarendon, Kershaw and Lee counties)

The FY 91-92 continued to be one of challenge and change for the Santee-Wateree Mental Health Center.

With the philosophical shift of increasing community services, and in keeping with the toward local care goals, the center staff and board of directors unanimously voted to change the center's name to Santee-Wateree Community Mental Health Center. Whether a result of the name change or numerous other factors, the center's caseload continued to mushroom, causing a realization that the center had completely outgrown its physical space.

Several noteworthy and significant unplanned events occurred during the fiscal year. The center continued the dubious honor of responding to crises and traumatic events. The previous several years have seen a devastating hurricane, a flood and Operation Desert Storm. This year the tradition appeared to

continue. Shortly after the beginning of the year, a tragic and deadly Amtrak train wreck occurred in Camden, and a few months later the center was asked to respond to the tragic shooting of staff at the Augusta (GA) mental health center. Staff responded in an outstanding manner to both of these events.

This year also saw the retirement of the center's longtime executive director and several administrative changes.

Even with the unplanned changes, the center successfully completed its established goals for FY 91-92. The following is a brief summary of these goals:

- * The center successfully maintained its level of service even in a climate of cuts in the state budget. In fact, by utilizing and maximizing other funding sources, the center actually significantly increased service delivery.

- * Additional resources were placed with child and adolescent services, although the demands for service continue to overwhelm our current abilities and physical space.

- * The living skills program in Camden was expanded and a new multi-disciplinary case management unit was established in Sumter. Staff were also added in the Manning office.

- * FY 91-92 saw a large growth in client cases and requests for services, particularly in the satellite county offices. Cases in Camden alone almost tripled, and Manning and Bishopville saw a net increase of almost 100 cases each. Staff are also performing an excellent job of follow-up with clients, and as a result, our yearly closing of cases is no longer equal to our new cases, resulting in net growth.

- * With a great deal of staff time and assistance, both the Mental Health Association of Sumter County and the Kershaw County Mental Health Association submitted HUD 811 Housing Applications for independent living apartments for the mentally ill. The Sumter County Association grant was funded and construction should begin within the next several months on the 16 unit complex.

- * The center is a pilot site for a management information system initiative. Earlier this year, the center became part of both a local and wide area network and is currently piloting a new billing and statistical program that eventually will be used by the other two non-computerized mental health centers in the state.

- * The liaison and link between Hall Institute and the center continues to expand. It has been a most helpful resource for the center and has certainly brought about an increased respect and awareness of each facility's unique functions and

mission. Presently, a Hall Institute staff psychiatrist, several psychiatric residents, two master's level nurses and a rotating force of medical students descend on the center weekly to assist inservice delivery, inservice education and client/patient follow-up.

- * The center has continued throughout the year to examine its services and delivery patterns. As previously noted, one of our most significant accomplishments was the creation of the Sumter case management unit to afford better follow-up to populations at risk.

The center goals for FY 92-93 are to:

- * construct new office space in Clarendon County and the addition of office and programming space in the other counties;

- * fully implement the Crafts-Farrow elderly TLC project in Lee County;

- * develop housing initiatives (HUD 811 grants) in Clarendon and Kershaw counties;

- * maximize alternate funding sources for expansion of services to target populations;

- * expand consumer employment services and opportunities; and

- * increase staff participation and ownership in the planning of future services.

In conclusion, the significant and continuing role of the local communities need to be recognized. This area has always supported mental health goals and concerns and this has certainly been evident this year. In addition to the board of directors, the three area Mental Health Associations, SHARE and the local Alliance chapters and 35 local citizen volunteers worked diligently this year toward the goal of increasing housing opportunities for the mentally ill citizens of our community. It is this kind of support that truly makes this center a community mental health center.

Spartanburg Area Mental Health Center (Spartanburg, Union and Cherokee counties)

The following is an account of the progress the Spartanburg Area Mental Health Center made towards the goals we set last fiscal year:

- * Our intent was to stay financially sound, and, with constant effort by our administrator, we ended the fiscal year in the black.

- * The restorative independent living skills (RILS) program

in Cherokee County expanded to five staff positions and increased the client census. The adolescent program in Cherokee County was closed due to staff resignations and lack of adequate referrals from the school district. (The school district rented the space and developed an alternative educational program for these teens.)

- * Staff retention was challenging (no salary increases during the year, administrative hiring frozen and increasing clinical demands). An addictions specialist was hired, but the assessment team slot and the outpatient counselor (all in Spartanburg County) were not funded. The CSP nurse position in Cherokee County remained unfunded as well. Twelve staff were hired.

- * The contracts with emergency rooms in Cherokee and Union counties were not completed due to the decision to ask each county to assist with funding.

- * The DMH annual permanent improvement program for FY 92-93 lists a 55,000+ sq. ft. main center (\$6,388,287) as the number one priority for recommendation to the Budget and Control Board. Our request has clearly been heard.

- * Neither the intensive case manager nor a public safety officer/security guard position was funded. However, at each notice of the possibility of special funding for intensive case management programs, this center responded. To date, however, no money has been made available. Also, our assistant director is participating on a committee to address security issues in community mental health centers.

- * The funding for the New Day Clubhouse, Inc., (RILS) was maintained; however, the amount of service provided in that program decreased from 9,283 in FY 90-91 to 8,101 client contacts in FY 91-92.

- * The link-up between Spartanburg Center Wang and the PC in the Cherokee satellite clinic wasn't completed due to the exorbitant monthly cost to provide linkage with the Wang computer system in Spartanburg. The computer will be used instead to generate in-house reports and as a sophisticated word processing center.

- * The Crossroads program (a weekly psychosocial offering of the Mental Health Association of the Piedmont) received increased funding from \$11,340 to \$12,020. The program services approximately 30 clients each week.

- * While the phone update was also caught in the state procurement freeze, arrangements were made for individual calling cards so that staff can place their own long distance calls.

This resulted in considerable time savings for all staff.

Other accomplishments included:

- * Psychiatric medical assessment services are now provided to the deaf population by a psychiatrist.

- * We were visited by Protection and Advocacy resulting in their making public our needs for increased staff and space to serve an increasing caseload.

- * We provided day camps in two counties for our young clients.

- * A family preservation project was implemented in all three of our service counties.

- * A one-day staff retreat was held in the fall at a state park with offerings focused on humor in the work place and stress relief techniques.

- * One of our volunteers was chosen as President Bush's 776th "Point of Light" for her services over eight years to the center. Our corporate volunteer nominee (WalMart #1035) also received state-wide recognition.

- * Our support of the Spartanburg Homeless Coalition continues. This year that group hired a case manager 20 hours a week to assist the homeless in making their way through the maze of services available from the various agencies.

- * The Mental Health Partnership, a multi-agency group, received a \$3,000 grant, convened a public hearing on the dually-diagnosed and is sponsoring a training effort in the fall to provide information to family members and care providers.

- * The center continues active membership in the psychiatric and chemical dependency commitment taskforce (formerly the public inebriate taskforce). Members from the State House of Representatives have also become interested, especially in getting a detox facility for our three counties. The taskforce focuses on increasing appropriate local options to hospitalization and incarceration

- * This center has put considerable effort into the full implementation of the continuity of care manual.

- * The MOA with the Spartanburg Alcohol & Drug Abuse Commission was negotiated to include their having on-call staff after hours.

Our center's goals for FY 92-93 are to:

- * remain financially sound;

- * retain current staffing level and fill other vacancies as funding is available with priority on the nurse/counselor position in ESP;

- * continue to pursue contracts with emergency rooms in

Cherokee and Union counties;

- * continue efforts toward a new facility in Spartanburg County;
- * implement any intensive case management programs that may be funded;
- * continue to pursue appropriate safety/security options;
- * continue implementing the continuity of care manual, including a special incoming phone line for use by hospitals to facilitate their access; and
- * purchase PC and Smith software for SAMHC pharmacy as previously recommended.

**Tri-County Mental Health Center
(Dillon, Chesterfield and Marlboro counties)**

Along with funding granted a year ago for the Marlboro County office, Tri-County now has funding for offices in Chesterfield and Dillon counties.

Land has been purchased for Marlboro and a building has been designed. By the end of FY 93, the staff should be in the new office. The land and building designs for the other two offices should also be ready by then.

The additional space is needed for the center's growing staff. At one time two years ago, Tri-County had 15 staff vacancies. This year the average vacancy rate was about three. Three staff were added as the Marlboro Family Preservation Program began operating. In July, an employment specialist was hired. This Chesterfield based worker will focus on creating jobs for clients in the center and at other businesses in the three-county area. He will also work closely with the newly formed Coalition for Employment the center helped form with local business people

Independent living is a continuing goal for many center clients. The center has helped about 10 clients move into their own apartments and established a loan program in conjunction with the Alliance for the Mentally Ill to help clients with initial utility hook-up fees. The Restorative Independent Living Skills program wrote its first Program for Achieving Self-Support program this year, allowing a clubhouse member to attend Chesterfield and Marlboro Technical College in a car she is paying for under that program.

Our staff has had a growing concern for the medical needs of center clients. The Village Program piloted service plans that arranged for dental, visual and hearing checks. The center

intends to extend this to other center clients in the coming year, especially those in our high management group.

Adequate medical coverage is a continuing concern at Tri-County. The center has had two NHS doctors working here for four years. However, in July their time was up, and the center now has no physicians on staff, only parttime contracted doctors. Limited medical coverage in some ways has impaired the ability to expand services. While commitment rates did not rise this year, the center did not reduce the catchment area's commitment rate from the previous year. That will continue to be a goal for FY 93.

In June, the center re-arranged staff to create a full-time computer/MIS staff person. The center is in the process of networking all of our offices with the state computer, which will allow us to be more efficient in budgeting and personnel issues. More importantly, it will allow for immediate hospital discharge summaries, as well as continuity of care and client tracking.

The center is making better use of its resources. There is a new dual-diagnosis group through our Chesterfield alcohol and drug addiction program as well as some groups during extended hours at the Village program. Several other groups have also been started across the catchment area. These, along with other changes, have created an increase in overall center productivity and an increase in the frequency of contacts per client.

Summer camp served 31 children. Forty people attended the annual caregivers workshop and approximately 100 attended the annual community support program rally.

The center staff have been working diligently with the administrative board to increase the board's understanding and knowledge of the center. In March, the board participated in a weekend training and planning session that will become an annual event.

Goals for FY 93 are:

- * complete the Marlboro County office and begin construction on at least one of the other two offices by July 94;
- * have adequate medical coverage and other staff;
- * reduce the FY 93 commitment rate to 25 percent less than FY 92;
- * increase the types of services and support available to center clients, especially high management clients, children and families of clients, as well as developing services for special needs clients such as dual-diagnosed and AIDS victims;
- * increase consultation, education and prevention

activities and the number of people contacted by 15 percent;

- * improve the center's information/communication systems; and

- * increase the center's Medicaid and other third-party payer billing by at least 15 percent.

**Waccamaw Center for Mental Health
(Georgetown, Horry and Williamsburg counties)**

The Waccamaw Center for Mental Health has continued to provide a comprehensive range of services through its four offices in the largest geographical area in the state. Our primary goals focus upon the chronic mentally ill, children, special programs and the development of facilities which improve delivery of services.

The chronically mentally ill and their families have received improved access to services and increased intensive follow-up. Services to the chronically ill were 78 percent of all staff contacts during the past year.

The center continues to develop a psychosocial clubhouse and has increased the medical coverage in each county. Housing for the homeless chronically mentally ill, including those with dual diagnosis, is becoming a reality through the efforts of Waccamaw Housing, Inc., which has submitted two proposals for a total of 18 residences.

This group of clients is also a priority in the use of local short-term hospitalization, which continues through an agreement with a local, private, psychiatric hospital. During the past year, 75 patients received this service as an alternative to placement in a DMH inpatient facility.

Clients with long-term, severe disorders are also provided services in the three residential independent living skills programs, which operate in each county four days a week. Individuals in this program have access to a wide variety of services, including assistance in securing employment. The number of contacts in this program increased from 43,908 the previous year to 54,925 last year.

Waccamaw Center's commitment to the needs of children is evident in the placement of staff in that service, which has more mental health professionals than any other service, and in that staff's development of innovative methods of service delivery.

For example, dozens of groups (for parents and children) have been provided, summer camps were held for another year,

pilot programs operated directly in the schools and work is underway to develop local alternatives to placement in centralized state facilities for crisis inpatient care.

The center continues to offer a number of special programs including Just For Me, a program for sexually abused children; minority outreach, focusing on young African-American males identified as being at risk; services for hearing impaired clients; and supported employment.

The employee assistance program now includes contracts with seven businesses with a total of 1,450 employees. The publication of "The Other Voice," a newsletter of exceptional quality, continues to provide information to professionals, clients and the general public.

Development of a central facility has been a priority for a number of years. This year, land has been purchased in Horry County, and final details are being completed on the building plans. Construction should begin before the end of 1992.

The center's goals for FY 92-93 will continue to reflect the emphasis of the DMH on treatment of chronic mental illness and services to children and their families.

We collect needs assessments and other data locally to accurately provide services that may be unique to a locality. Waccamaw has maintained as a goal the creation of a liaison position to enhance communications with central inpatient facilities, and we continue to pursue the development of a psychosocial clubhouse.

Waccamaw Housing, Inc., plans to offer permanent housing to a total of 18 chronic mentally ill and homeless individuals by the end of 1993.

An emphasis will continue on children services through therapeutic groups, self-help groups and community involvement. We will establish agreements with schools to provide services within those facilities. Concurrently, we will request grants from the Department of Education for partial funding of these services. Family preservation services will begin in Williamsburg County.

In the coming year, staff will continue to be involved in the planning, development and construction of the central facility. Construction should take place during the next 18 months, and in anticipation of joining offices of Horry County, all services and programs are being evaluated with the goal of establishing the best single system where two currently exist. The center continually assesses the permanent improvement (facility) needs of all clinics, and funds have been requested to construct a new

office in Georgetown County.

Waccamaw Center will continue to emphasize accurate and timely assessment and collection of fees. Alternate sources of funds, where appropriate, via grants, EMAs, and so forth will be utilized.

Finally, our primary goal continues to be provision of the best services possible while ensuring those services reflect the needs of the community. This requires continuous evaluation and the establishment of priorities based upon those needs balanced with the limited funding available.

Inpatient Services

Bryan Hospital (G. Werber Bryan Psychiatric Hospital)

The major accomplishments made at Bryan Hospital for FY 91-92 listed by services includes the following:

Administration--employed an average of 426 employees, a 1:7 clinical ratio and a 1:5 overall ratio of employee to patient. Monies provided for two medical degree positions and other clinical staff; however, constraints made it difficult to replace support staff;

Quality Improvement--A discharge form was created for transmittal to community mental health centers from Bryan Psychiatric Hospital. This process, which has been in place for approximately four months, was done in conjunction with the Continuity of Care coordinator's office;

Utilization Review--100 percent review is done on all admissions and special studies related to Primary Axis I diagnosis of substance abuse have been carried out with information relayed to appropriate committees. The UR coordinators' working with Bryan physicians to prevent denials from third parties pay, has increased revenue;

Risk Management--Environmental rounds are being conducted on a monthly basis in conjunction with the Infection Control nurse. Reports are distributed to each lodge and the facility director for correction. Data on employee injuries, unusual occurrences and seclusion and restraint is monitored monthly to include number of patients and also those that have been secluded or restrained more than one time. All reports are sent to the executive committee, UR and Safety and Quality Management;

Infection Control--infection control inservices were

provided in conjunction with orientation throughout the year. The hepatitis B program was initiated for employees, with 272 employees receiving the hepatitis B vaccine. A special study of the documentation of hepatitis B with patients on the Axis III was completed;

Pharmacy--all five of the following goals were met: to have the Pharmacy profile agree with the physician's order 85 percent of the time; medications dispensed that agree with the physician's order 100 percent of the time; all label information is correct; controlled drug inventory agrees with the log book; and no medication errors in any quarter;

Medical Administration--the insurance process dovetailed with the utilization review and maximized reimbursement and reduced technical denials. A daily monitoring program for physician assignment has been implemented and has reduced the error rate. The remodeling program has been placed on hold due to budgetary constraints;

Medical Records--all Face Sheets are faxed within 24 hours after discharge and Final Summaries within 15 days after discharge. Housing for completed medical records continues to be an ongoing project, and the operational procedures which are employee specific have been completed;

Word Processing--this office continues to maintain transcription within 24 hours. Cross training continues and will be continued until the next physical year due to budgetary constraints. All transfers are typed and signed prior to the day of transfer;

Medical Staff--all three of the following objectives were met: to have histories and physicals done within 24 hours of admission; to complete all psychiatric evaluations within 72 hours; dictation enclosing of the patient record within 15 days;

Nursing Service--the objective to maintain a 1:25 ratio of registered nurses on day and evening shifts was met; however, it necessitated the use of overtime and pool nurses;

Psychology--assessments were made within the specified time period of all patients admitted to Bryan, and 6 percent of patients admitted received psychological testing;

Social Work--the format used for the monthly review of records by Social Work supervisors was changed to focus more upon assessment and discharge planning activities. A new multidisciplinary discharge plan was developed and integrated into the DMH computer network;

Patients Rights--patients receive an orientation to patients rights on admission and are given a brochure by Nursing Service.

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Patients Rights--patients receive an orientation to patients rights on admission and are given a brochure by Nursing Service.

Patients who are unable to understand at this point in time are given an orientation when they reach the lodge by the treatment team coordinator. Patients rights posters are located on each lodge with the telephone number and the patients rights advocate's name. Bryan Hospital currently has five staff members who serve as advocates;

Patient and Family Education--47 weeks of classes were provided for schizophrenic, schizo-affective and schizophreniform patients referred from the lodges, and 46 class weeks were provided for bipolar and major depressive patients. Monthly statistical reports are submitted and a review of schedules to present double referrals;

Rational Behavior Therapy--RBT is represented on treatment teams eight to 10 per week with daily consultations by clinical staff. Over 98 percent of patients reported that RBT groups help keep them from being re-admitted to the hospital. Training is provided by the RBT staff to community mental health centers throughout the state;

Vocational Rehabilitation--services were provided to 289 clients for the year; and

Volunteer Services--Bryan Hospital has a Volunteer Advisory Committee that works toward recruitment. An average of 38 volunteers provided service, and a total of \$11,778 was contributed for the fiscal year.

Byrnes Center (James F. Byrnes Medical Center)

James F. Byrnes Medical Center's mission is to provide acute inpatient and outpatient medical/surgical care to physically ill patients who reside in S.C. Department of Mental Health facilities.

By contract, Byrnes also provides medical/surgical care to inmates of the S.C. Department of Corrections and custodial care to tuberculosis patients committed by the S.C. Department of Health and Environmental Control (DHEC).

Byrnes also serves substance abuse clients. These patients represented approximately 56 percent of admissions in FY 91-92 and require medical detoxification and stabilization prior to discharge or referral to Morris Village.

Byrnes continues to provide these services at approximately one-fourth the cost to obtain them in the community. While being economical, Byrnes does not compromise quality, as evidenced by its Joint Commission on

Accreditation of Healthcare Organizations (JCAHO) accreditation.

Following are some accomplishments during FY 91-92:

- * Nursing staffing has dramatically improved with the hiring of 50 licensed staff since July 1991. JCAHO registered nurse staffing requirements, which were being met 33 percent of the time in May 1991, have been met 100 percent of the time since November 1991. Pool spending has been reduced from \$90,000 per month to \$23,000 per month, with a corresponding daily pool use decrease from 16 nurses per day to four per day.

- * Byrnes Medical Center has expanded its academic affiliations to include student nurses from USC, nursing assistant students from Mansfield Business College, physical therapy students from MUSC, and internal medicine residents, family practice residents and medical students from USC.

- * A multi-disciplinary decubitus ulcer team has been formed and conducts weekly rounds. No ulcers have been acquired since January 1992. The S.C. Hospital Association recently recognized the program for Excellence in Nursing.

- * A community liaison program was established to foster cost effectiveness and improve the working relationship between community hospitals and Byrnes Medical Center. A registered nurse makes frequent visits to all community hospitalized patients to ensure transfers were appropriate and return to DMH is expedited.

- * Byrnes Center has expanded its on-site services to include: medical clinics at S.C. State Hospital and Bryan Hospital; EKG services, upon request, at Crafts-Farrow; and annual dental exams at Crafts-Farrow, Dowdy-Gardner Nursing Care Center and Tucker Center. The recent purchase of a portable dental machine will expand on-site dental services to include routine cleaning and prophylaxis. Upon request, a registered nurse is available to provide on-site inservices on wound care, gastrostomy tubes, etc. A contract for on-site echocardiograms, pace maker checks and holter monitors has also recently been negotiated.

- * A volunteer services program has been established with the appointment of a full time coordinator.

- * The physical therapy department established a restorative care program in July 1991. Close to 200 visits are performed monthly to assist patients in ambulation, range of motion, contracture prevention and decubitus ulcer prevention. To respond to the needs of our sister facilities, our physical therapy department expanded services to provide outpatient

physical therapy to patients of Hall Institute, Bryan Hospital and S.C. State Hospital.

- * The dental department has added services for the medically compromised/hearing impaired units of Harris Psychiatric Hospital. In addition, patient visits have risen 3 percent despite a 6.6 percent decrease in the average DMH census.

- * An OB/GYN clinic has been established.

Goals for FY 93 include:

- * maintain facility operations within our maintenance budget allocation without compromising service provisions and patient care;

- * participate in developing an agency employee health care program (A total of 1,450 employees were evaluated in the Byrnes Center emergency room for job-related injuries in FY 92.);

- * maintain our pro-active position regarding realignment of services provided to substance abuse clients so that they may receive appropriate, timely treatment;

- * pursue the establishment of an infirmary unit that will serve patients who do not require acute medical care but are difficult to manage on the psychiatric ward.

Campbell Veterans Nursing Home (Richard Michael Campbell Veterans Nursing Home)

The Campbell Veterans Nursing Home continues to provide long-term care services for veterans of South Carolina. The facility director is the designated liaison between PHP Healthcare Corporation and DMH to ensure that quality services are provided to the residents.

Goals accomplished for FY 91-92 included:

- * successfully maintained licensure and certification requirements in addition to the Veterans Administration requirements;

- * successfully operated the facility within budget authorizations.

Major goals for FY 92-93 include:

- * maintain licensure, certification and VA requirements for all programs;

- * operate the facility within budget authorizations;

- * open an additional 44 bed ward in October.

Crafts-Farrow State Hospital

Crafts-Farrow State Hospital is a 390-bed geropsychiatric inpatient treatment facility that admits clients ages 60 and above from across the state who need acute and/or long-term psychiatric care.

In addition, Crafts-Farrow operates a 70-bed intermediate care facility for the mentally ill/mentally retarded and a 30-bed geriatric alcohol and drug abuse treatment unit. These programs represent unique inpatient treatment innovations not available elsewhere in the state.

Crafts-Farrow State Hospital's major accomplishments in FY 91/92 included:

- * for the fifth straight year, the facility successfully passed all state, federal and departmental licensing and certification surveys, assuring continued facility participation in both the medicare and medicaid programs;

- * the alcohol and drug abuse treatment program became the first substance abuse program in the state to be accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF);

- * revenues were enhanced and expenditures were controlled very responsibly;

- * sixty additional beds were certified to participate in the Medicare/Medicaid program--the increase in certified beds not only was instrumental in increasing revenue, it also allowed for increased flexibility in ward assignments, thus relieving overcrowding on certified wards;

- * the Clover Leaf Program in the McLendon Building and the Ace Program in the Shand Building were initiated to improve treatment for patients who suffer from Alzheimer's disease. The program's model utilizes a holistic approach to treatment to include support for family and staff and employment of the latest available tools in the treatment in Alzheimer's;

- * established a work shelter program for the Crafts-Farrow ICF/MR, a program that is vital to teaching clients skills they will need to live independently in the community; and

- * the census for the hospital declined by 44 patients during the fiscal year, due mostly to enhanced clinical efforts. The average length of stay is steadily declining. The average length of stay for newly admitted patients is approaching 30 days.

Major goals for FY 92/93 are to:

- * in the spirit of Toward Local Care, establish an adult day care program for the frail elderly psychiatric patient that will be eventually certified as a Comprehensive Outpatient Rehabilitation Facility (CORF). The CORF designation will permit the program to participate in the partial hospitalization program. An integral part of this process will be the establishment of a residential facility in the Davis Building;

- * enhance the work shelter program in the ICF/MR; and

- * inform and educate each Crafts-Farrow employee on the current issues facing Crafts-Farrow as a provider of psychiatric health care and a DMH member facility.

Dowdy-Gardner Nursing Care Center

The mission of Dowdy-Gardner Nursing Care Center is to improve the quality of life for elderly residents who are 65 years of age and older who have a primary psychiatric disability with psycho-behavioral manifestations and and complicating, secondary medical problems, and for South Carolina veterans whose mental and physical condition requires long-term nursing care.

Dowdy Gardner supervised a total of 560 licensed beds, of which 554 beds are considered functional. Regulations require the availability of isolation and quiet rooms. The average daily census for FY 92 was 544 residents, with an average length of stay of 770 days. Projected cost per resident day, excluding indirect cost by program, was: Farmer Building and Fewell Pavilion, \$99.75; DGNCC/Rock Hill, \$102.50; and Campbell Veterans Nursing Home, \$76.76.

Dowdy-Gardner Columbia accomplished the following goals during FY 91-92:

- * successfully maintained both licensure and certification requirements as a Medicaid provider;

- * successfully delivered quality resident care while operating well within budget authorizations;

- * successfully recruited and maintained a level of licensed nursing staff that resulted in a 54 percent reduction in temporary nursing utilization;

- * successfully retained a part-time psychiatrist and a part-time psychologist to enhance our service delivery system;

- * negotiated a contractual arrangement to provide physical therapy and occupational therapy services to improve the quality of life for residents.

Major goals for FY 92-93 are to:

- * maintain licensure and certification for all programs;
- * continue to develop the quality improvement program, and continue to improve the quality of services;
- * downsize licensed beds by 24 in order to enhance staff to resident ratios while improving care;
- * develop and implement concepts that will target total quality management with emphasis on ward management and restorative care;
- * manage long term care operations within budget authorizations; and
- * investigate and implement a computerized system for resident care management that will improve resident care, efficiently utilize staff time and comply with regulations.

At Dowdy-Gardner Rock Hill long-term care services continue to be provided by PHP Healthcare Corporation. The facility director is designated liaison between DMH and PHP to ensure that quality services are provided to our residents.

Goals accomplished in FY 91-92 included:

- * successfully maintained both licensure and certification requirements as a Medicaid provider;
- * successfully renegotiated a contractual agreement for the continued operation of the facility, the selected management contractor was PHP Healthcare Corporation;
- * the facility successfully operated within budget operations while delivering quality services.

Major goals for FY 92-93 include:

- * maintain licensure and certification for all programs;
- * operate the facility within budget authorizations.

Hall Institute

(William S. Hall Psychiatric Institute)

Hall Institute made significant progress in FY 91-92.

The Institute modified its mission statement to more closely reflect its breadth of the education, research, clinical service, systems development and revenue enhancement activities.

All programs maintained their DHEC, HCFA, and JCAHO certification, and the Institute completed the fiscal year within budget.

The educational programs for medical students, residents,

fellows, psychology interns, and other trainees are thriving and popular. A major effort to advance quality assurance and continuous quality improvement efforts has begun to bring those programs to a state-of-the-art level.

Staff have assumed leadership roles in many DMH initiatives, including the Public-Academic Consortium, the Transition Council and the State Plan.

Major accomplishments can be subdivided into the various components of the Institute's mission.

In education, Dr. Swanson was appointed the new director of residency training. Dr. Goldman became the director of the newly created public psychiatry training program, and a recruitment process was begun for a director of substance abuse services.

The community psychiatry training experience for residents was modified to enable residents to select any community mental health center in the state as a training site. Resident rotations on emergency psychiatry and crisis intervention were begun at Richland Memorial Hospital and Columbia Area Mental Health Center. Continuing education programs were expanded, and a series of quarterly symposia was initiated to focus on mental health issues of interest to a wide spectrum of clinicians.

In research, recruiting for a new associate director of research was initiated. Several research groups are promoting research efforts in child and adolescent psychiatry, forensics, substance abuse, neurology, community psychiatry and mental health systems structure and function.

In clinical service, Dr. Edwards was appointed associate director of general psychiatry and neurology services; Dr. Morgan, associate director for forensic services; and Dr. Pumariega, the associate director of child and adolescent services.

Dr. Swanson was selected associate director of the newly created ambulatory care services.

Plans are well underway to reorganize child and adolescent services, expand ambulatory care services and outpatient forensic evaluations, and to increase collaborative relationships between Hall Institute and several community mental health centers.

In systems development, major linkages have been established and nurtured between Hall Institute and the DMH central office, Richland Memorial Hospital, Dorn Veterans' Hospital, Columbia Area Mental Health Center, other community

mental health centers, S.C. State Hospital, Morris Village, Harris Hospital, S.C. Department of Corrections, the S.C. Department of Youth Services and S.C. Department of Mental Retardation.

Collaborations center around a broad range of education, research, and clinical service activities.

In summary, FY 91-92 was a busy, productive year for Hall Institute as it moved toward fulfilling its mission. The continuing challenge will be to strike a constructive balance between demands for education, research, clinical service, systems development and revenue enhancement.

Harris Hospital

(Patrick B. Harris Psychiatric Hospital, Anderson)

Harris Hospital, which began admitting patients Oct. 1, 1985, is a regional psychiatric hospital serving 14 counties in the Piedmont Region of South Carolina and is licensed to operate 206 short-term, acute care beds. The facility serves patients residing in Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Newberry, Oconee, Pickens, Saluda, Spartanburg and Union counties.

The hospital's mission is to provide intensive short term psychiatric care and acute substance abuse treatment programs, deaf services for the state of South Carolina and an acute care psychiatric program for adolescents. The facility accepts voluntary admissions as deemed appropriate, involuntary (emergency) and judicial commitments, in accordance with current legal statutes DMH directives.

Harris Hospital had 163 funded beds operational for FY 91-92. Forty-three of the 206 licensed beds were unfunded.

Accomplishments for the FY 91-92 included:

- * Harris Hospital admissions included 1,985 adult psychiatric admissions; 111 child and adolescent admissions, 403 substance abuse admissions and 32 hearing impaired;

- * Harris Hospital handled 1,131 hearings and 2,263 examinations and provided 4,526 designated examiners for involuntary admissions;

- * the hospital maintained its certification from Health Care Financing Administration (HCFA) and was also accredited for the first time by the Joint Commission on Accreditation of Healthcare Organizations;

- * despite beginning the year with an operating deficit, the hospital, through improved fiscal controls, identified funds and hired additional clinical staff while remaining within budget;

* the hospital achieved its goal of reopening the children's unit. In October, 20 of the children's beds were reopened, and funding has been awarded to open the remaining 10 beds in FY 92-93. In support thereof, a full-time child psychiatrist was employed;

* the hospital has devoted significant time and energy to improve relationships with community programs and in support of the Department's continuity of care initiatives. Accordingly, senior hospital management staff visit mental health centers regularly to discuss specific problems, improve communications and enhance our joint responsibility for providing a continuum of appropriate services for the mentally ill;

* in addition to active outreach activity the hospital has also devoted significant financial resources to support improving relations with the community. These include:

(a) employment of a senior psychologist with specific responsibility for provision of liaison services to community programs and for proactive joint planning for difficult to place patients.

(b) staff sharing--in an effort to improve continuity of care and make available scarce psychiatric resources to community programs, cooperative arrangements between the hospital and mental health centers have been finalized. Hospital staff psychiatrists work one day per week in two of the five area mental health programs. A similar arrangement will soon be finalized in two others. When completed, four of the five mental health centers within the hospital catchment area will have available to them on site the services of a hospital psychiatrist to assist in the joint treatment planning for mentally ill patients within that area.

Major goals for FY 92-93 are to:

* further enhance integration of services by developing staff sharing initiatives for all five mental health programs for psychiatrists and expanding the concept to include psychologists, social workers and nurses;

* develop similar relationships wherein community professionals become an integral part of treatment planning within the hospital;

* assist community programs ability to quickly intervene in crisis situations by transferring responsibility for hospital admissions to community program;

* fully open the children's program and to enhance the ability of that program to successfully intervene in the lives of

children through employment of skilled and credentialed professional staff;

- * continue to strive to fully utilize the 206-bed capacity of the hospital by developing inpatient services in keeping with needs identified by area mental health centers;

- * enhance the responsiveness and appropriateness of current services through applied research on the effectiveness of current programs and the extent to which those programs appropriately address the causes for that admission;

- * continue to improve the quality of services through the active recruitment of additional staff and by enhancing the skills of present staff through training;

- * ensure that the facility operates within budget through financial control of expenditures and enhancement of revenues where appropriate.

Morris Village

(Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center)

In FY 91-92, Morris Village made significant progress on the following goals and objectives:

- * maintain an appropriate balance between voluntary and involuntary admissions;

Review: We achieved this objective. Our ratio of voluntary to involuntary admissions is between 45 percent and 55 percent

- * complete the capital improvement plan;

Review: Significant progress has been made on the capital improvement plan. The infirmary was completely renovated, and much exterior and interior work was completed.

- * transfer the detoxification unit from Byrnes Medical Center to Morris Village given adequate resources;

Review: Plans were complete and in place to move the detox unit, but the Department could not provide adequate fiscal resources to operate the unit at the Village, thus the transfer is on hold.

- * continue the broad implementation of the continuity of care plan;

Review: The director and assistant director have served on the continuity of care committee, the Village implemented the plan, and we anticipate the COC computerized program to be on-line shortly.

- * prepare and distribute a Morris Village brochure;

Review: The brochure has been prepared and copies

distributed to all mental health centers and alcohol and drug commissions.

- * form a community advisory board by March 31, 1992;

Review: The advisory board was formed and meets regularly.

- * increase medical staff coverage and integration of the service;

Review: The number of medical staff has been increased to four physicians and a physician's assistant. These staff regularly participate in treatment team meetings.

- * continue to expand academic linkages;

A. The facility director and director of Professional Services will pursue and develop linkage with the medical school and the William S. Hall Psychiatric Institute in a fellowship to provide psychiatric leadership and long term training.

Review: This position was established and several candidates interviewed. No individual has been selected, and recruitment continues.

B. The director of Professional Services will explore the possibilities of providing rotation experiences for family practice residents and medical students.

Review: The curriculum was developed and family practice residents are currently rotating through the Village on a monthly basis. Other medical school students began in July 1992. The Village has also provided field placement experiences for nursing students from York Technical School, Midlands TEC and USC Lancaster.

- * provide a clinical setting for the training of a medical records student;

Review: A placement opportunity was established and one medical records student completed the placement.

- * assist the auditor to develop information regarding the use of fines and forfeitures;

Review: Prior to each county audit, the Village provides the auditor with specific information regarding the number of patients served from that county and an estimate of treatment dollars expended for that population. The Village also designed and provided an attractive cover for the auditor's report.

- * formally request in February a Certification of Rehabilitation Facilities (CARF) Survey in the spring of 1992.

Review: The Village was surveyed in June 1992 and received a three-year accreditation, which is the maximum provided.

South Carolina State Hospital

For FY 91-92 the South Carolina State Hospital was able to complete work on the following goals:

- * not guilty by reason of insanity program--we continue to develop and implement a unified programmatic approach for the NGRI patient population. This population is now housed in a uniform clinical setting, the Preston Building, instead of being scattered throughout the S.C. State Hospital Campus. This FY 91-92 has also seen the hiring of one psychiatrist who is a specialist in the treatment of forensic patients;

- * need assessment for psychiatric rehabilitation program-- during this fiscal year a group of Psychiatric Rehabilitation Consultants (Lieberman Group) visited S.C. State Hospital to determine the current state of Psychiatric Rehabilitation Program and service units. The results of this survey saw the establishment of a training and implementation phase for the training of trainers to train staff in rehabilitation techniques. Staff who participate will receive a psychosocial rehabilitation certification for the different levels of training. Mental health specialists who complete this Lieberman Program can be upgraded to therapeutic assistant;

- * patient profile system--the Patient Profile System was finally brought on line and now has all patients at S.C. State Hospital entered into system. The system will keep track of admission information, discharge information, current information, annual assessments, and patient correspondents. This system will also provide other features that include history file, initial assessments, and updating options which allows the user to update all files from either the current information or the demographic file;

- * census--S.C. State Hospital has continued to reduce the census of the hospital by consolidating programs and refining clinical treatment processes for the various units. We continue to accept transfers and discharge appropriate patients back to the community. The overall patient census in June 1991 was 502. The current population for FY 91-92 is 458;

- * Carter Street program--a joint effort between the S.C. State Hospital and the Columbia Area Mental Health Center to transfer appropriate patients to the community

has been quite successful. This program has seen the placement of 31 patients into a residential program located at the Carter Street Apartments. Additional patients are currently being screened for participation in this program;

- * community liaison program--continues to operate by identifying resources that can be developed by the Charleston Area Mental Health Center to adequately place S.C. State Hospital patients back into the community. It is envisioned that the results from this program can be used by the community mental health system to develop greater resources that are community based;

- * Joint Commission on Accreditation of Healthcare Organizations--in March 1992, the S.C. State Hospital received a full three-year accreditation for all services with no focused survey being required. This accreditation reiterates the high quality of patient care being given to our patient population;

- * medication/no compliance--S.C. State Hospital is continuing its education process on the importance of outpatient medication compliance. This continues to be an ongoing process of providing expertise to the community mental health setting.

S.C. State Hospital continues to strive to reduce its current patient population to an acceptable rate with primary emphasis on quality placements in the community. We continue to maintain tremendous progress in one therapeutic environment and continue to notice that patients and staff are more positive toward clinical interaction.

The major thrust for FY 92-93 will be patient population reductions as appropriate community alternatives are developed.

Tucker Center (C.M. Tucker, Jr., Human Resources Center)

During the fiscal year, Tucker Center experienced numerous changes, which contributed to continued improvement in care for its residents. Driven by full implementation of the federal Omnibus Reconciliation Act of 1987 (OBRA), a comprehensive resident assessment and planning system was implemented, which further enhanced the quality of care to residents.

Some major accomplishments for FY 91-92 include:

- * certification by the Department of Health and Environmental Control and the U. S. Health Care Financing Administration with no significant deficiencies noted;

- * expansion of the resident exercise program which had proven effective in improving muscle tone, strength, balance and endurance; the program was recognized as a recipient of the Governor's Geriatric Health Promotion Award;

- * training of an expanded number of professionals with rotations for family practice and internal medicine residents and continued placements for nursing students, MSW students and activity therapy interns;

- * certification to provide AMA approved Continuing Medical Education (CME) for physicians;

- * the comprehensive resident assessment instrument and resident care plans became standard and interdisciplinary treatment planning was enhanced;

- * the Dowdy-Gardner pharmacy was integrated with Tucker Center's under Tucker Center administration;

- * the Restraint Reduction Program was extended to all wards; frequent reviews are conducted of all restraints and continuation or discontinuation has become a joint decision of the physician and the multi-disciplinary treatment team;

- * the facility-wide renovation program to provide a more attractive, stimulating and home-like environment was largely completed;

- * implementation and computerization of a Continuous Quality Improvement program to ensure ongoing enhancement of the quality of all areas, administrative as well as clinical;

- * expansion of the successful Volunteer Services program to 9,906 hours and \$19,500 in goods and funds donated and selection of a Tucker volunteer as the DMH Volunteer of the Year for the second consecutive year;

- * expansion of the comprehensive Wellness program for all employees and recognition of the program by the selection of Tucker Center as a "Well Business";

- * extension of resident activities to cover weekends and holidays in order to provide more leisure time and recreational opportunities to all residents;

- * implementation of a major "Courtesy First" program of training and recognition of residents and staff;

- * coordination of the residency training for the USC Medical School, Division of Geriatrics, by Professional Services; and

* selection of six members of the attending medical staff as Clinical Faculty of the USC Medical School in Family Medicine or Internal Medicine.

FY 92-93 goals are to:

* continue to provide the highest quality care to our residents while accommodating the budgetary adjustments necessitated by the state revenue shortfalls;

* operate within budget allocation;

* re-establish the currently vacant ward to serve an additional 44 residents;

* fully implement a local-area network (LAN) to connect all personal computers and allow the computerization of all resident assessments and treatment plans; and

* continue developing educational programs with the USC Medical School, the University of South Carolina and other institutions of higher education.

**S.C. DEPARTMENT OF MENTAL HEALTH
EXPENDITURES
FISCAL YEAR 1991-92**

	PERSONAL SERVICE	EMPLOYER CONTRIB.	OTHER	TOTAL
Administration	6,993,895	1,790,265	2,028,573	10,812,733
Public Safety	2,471,245	760,062	82,261	3,313,568
Consolidated Support	9,045,075	2,697,581	5,359,191	17,101,847
State Hospital	17,305,861	4,459,785	5,352,837	27,118,483
Crafts--Farrow	14,378,012	3,875,375	3,690,400	21,943,787
ICF/MR	1,770,535	503,703	227,493	2,501,731
Bryan Hospital	10,595,257	2,770,280	2,303,957	15,669,494
Harris Hospital	7,561,020	2,110,598	2,138,432	11,810,050
Byrnes Medical Center	6,382,651	1,674,096	4,153,096	12,209,843
Hall Institute	13,175,008	3,413,642	3,484,434	20,073,084
Dowdy--Gardner: Columbia	5,138,468	1,432,143	2,099,272	8,669,883
Dowdy--Gardner: Rock Hill	69	14	7,960,310	7,960,393
Tucker Center	7,640,793	2,153,231	2,825,879	12,619,903
Campbell VA	24,715	6,511	2,397,796	2,429,022
Morris Village	4,078,326	1,088,709	955,323	6,122,358
Community M H Centers	35,593,878	9,411,922	19,013,184	64,018,984
Autism	1,228,285	324,116	607,796	2,160,197
Projects & Grants	639,837	169,628	3,044,400	3,853,865
SPECIAL ITEMS			379,116	379,116
TOTAL DMH	144,022,930	38,641,661	68,103,750	250,768,341

S.C. DEPARTMENT OF MENTAL HEALTH

SOUTH CAROLINA MENTAL HEALTH COMMISSION

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EXECUTIVE DEPUTY COMMISSIONER
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INTERNAL AUDIT
C. David Biswell

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Kennerly M. McLendon

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OFFICE OF LEGISLATIVE LIAISON
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COMMUNITY MENTAL
HEALTH SERVICES
John J. Connery

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Anderson-Oconee-Pickens CMIIC
Beckman Center for MH Services
Berkeley CMIIC
Catawba MIIC
Charleston-Dorchester CMIIC
Coastal Empire MIIC
Columbia Area MIIC
Greenville MIIC
Lexington County MIIC
Orangeburg Area MIIC
Pee Dee MIIC
Piedmont Center for MH Services
Santee-Wateree CMIIC
Spartanburg Area MIIC
Tri-County MIIC
Waccamaw Center for MH

DIVISION OF
INPATIENT SERVICES
vacant

G. Werber Bryan Psychiatric Hospital
South Carolina State Hospital
Crafts-Farrow State Hospital
Earle E. Morris Jr. Alcohol and
Drug Addiction Treatment Center
William S. Hall Psychiatric Institute
C.M. Tucker Jr. Human Resources
Center
Patrick B. Harris Psychiatric Hospital
Dowdy-Gardner Nursing Care Center
James F. Byrnes Medical Center
Richard Michael Campbell Veterans
Nursing Home

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EDUCATION AND RESEARCH
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DEVELOPMENT AND ANALYSIS
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DIVISION OF
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CHILDREN, ADOLESCENTS
AND THEIR FAMILIES
Jerome Hanley, Ph. D

SPECIAL DIVISION
DEAF/HEARING
IMPAIRED
Barry Critchfield, Ph.D.

SPECIAL DIVISION
LONG TERM CARE/
ELDERLY
C. Ed Spencer

SPECIAL DIVISION
ALCOHOL AND DRUG
vacant

SPECIAL DIVISION
DEVELOPMENTAL
DISABILITIES
Nancy Carter

SPECIAL DIVISION
CULTURAL ACTIONS
MANAGEMENT PROGRAM
vacant

(approved by S.C. Mental Health Commission, July 1992)

Executive Staff

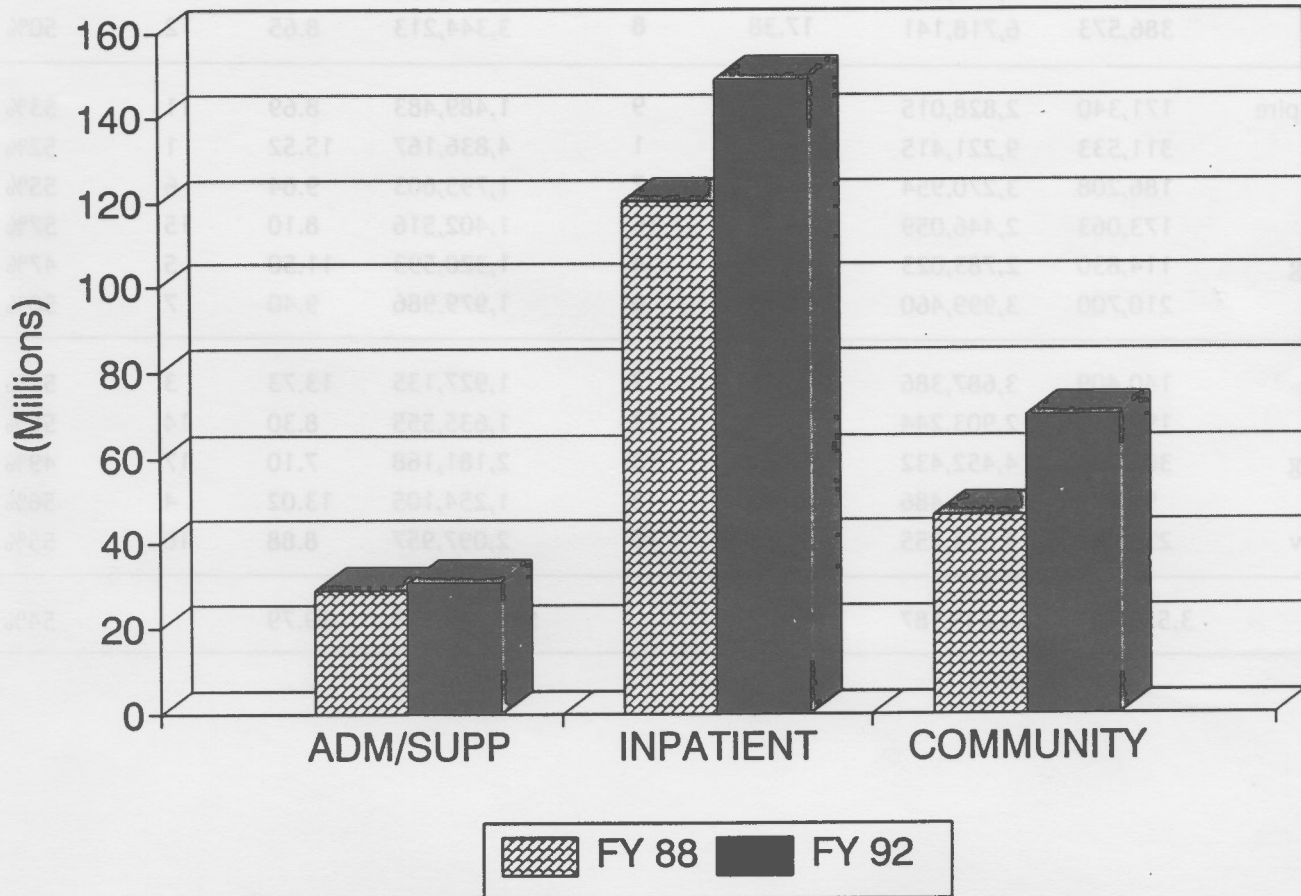
State Commissioner..... Joseph J. Bevilacqua, Ph.D.
Executive Deputy Commissioner..... John Morris, M.S.W.
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Division of Financial Services..... John Bourne, Deputy Commissioner
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Piedmont Center for MH Services..... Joe James, Director
Santee-Wateree MHC..... Olivia Williams, Director
Spartanburg Area MHC..... William Powell, M.D., Director
Tri County MHC..... Janice Rozier, M.S.W., Director
Waccamaw Center for MH..... James Pearson, Ed.D., Director
Inpatient Services
Bryan Hospital..... Sidney Alston, M.D., Director
Byrnes Medical Center..... Jaime Condom, M.D., Acting Director
Campbell Veterans Home..... Shilda Friendly, Mgt. Oversight Director
Crafts-Farrow State Hospital..... Sam Boyd, Acting Director
Dowdy-Gardner Shilda Friendly, NHA, Director
Hall Institute..... Larry Faulkner, M.D., Director
Harris Hospital..... Arthur Robarge, M.D., Director
Morris Village..... Lloyd Lachicotte, Director
S.C. State Hospital..... Jaime Condom, M.D., Director
Tucker Center..... Lee Woodbury, M.D., Director

South Carolina Department of Mental Health

Total Funds Expenditure Summary

Expenditure Summary by Program	FY88	FY92	Change FY88 - FY92
Administration:			
Administration and Support	\$8,870,948	\$10,308,297	16.20%
Public Safety	3,159,361	3,313,568	4.88%
Consolidated Support Services	16,014,003	17,101,847	6.79%
SUB-TOTAL	\$28,044,312	\$30,723,712	9.55%
Inpatient Facilities:			
SC State Hospital	\$23,128,034	\$27,118,483	17.25%
Crafts-Farrow State Hospital	18,948,809	21,943,787	15.81%
Crafts-Farrow ICF/MR	1,844,694	2,501,731	35.62%
Bryan Hospital	10,451,170	15,669,494	49.93%
Harris Hospital	9,201,419	11,810,050	28.35%
Byrnes Medical Center	9,900,237	12,209,843	23.33%
Hall Institute	16,364,227	20,076,084	22.68%
Dowdy-Gardner	13,419,721	16,630,276	23.92%
Tucker Center	11,805,888	12,619,903	6.89%
Campbell VA		2,429,022	
Morris Village	5,365,172	6,122,358	14.11%
SUB-TOTAL	\$120,429,371	\$149,131,031	23.83%
Community Mental Health:			
Centers	\$43,939,559	\$64,018,925	45.70%
Autistic Program	1,570,857	2,160,197	37.52%
Projects and Grants	\$967,653	3,853,865	298.27%
SUB-TOTAL	\$46,478,069	\$70,032,987	50.68%
SCDMH TOTAL	\$194,951,752	\$249,887,730	28.18%

DMH TOTAL EXPENDITURES FY 88 vs. FY 92



Community Mental Health Center Per Capita Funding

Fiscal Year 1992

Community Mental Health Center	Population	Total Expenditures*	Per Capita	Ranking	State Funds	Per Capita	Ranking	% of Total Expenditures
Aiken	144,383	\$3,586,231	\$24.84	3	\$2,006,264	\$13.90	2	56%
Anderson	303,672	4,250,924	14.00	17	2,411,868	7.94	16	57%
Beckman	220,873	3,467,109	15.70	11	2,044,990	9.26	8	59%
Berkeley	135,586	1,934,052	14.26	15	1,221,032	9.01	9	63%
Catawba	223,775	3,215,001	14.37	14	1,898,664	8.48	13	59%
Charleston	386,573	6,718,141	17.38	8	3,344,213	8.65	12	50%
Coastal Empire	171,340	2,828,015	16.51	9	1,489,483	8.69	11	53%
Columbia	311,533	9,221,415	29.60	1	4,836,167	15.52	1	52%
Greenville	186,208	3,270,954	17.57	7	1,795,603	9.64	6	55%
Lexington	173,063	2,446,059	14.13	16	1,402,516	8.10	15	57%
Orangeburg	114,830	2,783,023	24.24	4	1,320,593	11.50	5	47%
Pee Dee	210,700	3,999,460	18.98	6	1,979,986	9.40	7	50%
Piedmont	140,409	3,687,386	26.26	2	1,927,135	13.73	3	52%
Santee	197,017	2,903,244	14.74	12	1,635,555	8.30	14	56%
Spartanburg	307,253	4,452,432	14.49	13	2,181,168	7.10	17	49%
Tri County	96,288	2,248,486	23.35	5	1,254,105	13.02	4	56%
Waccamaw	236,182	3,833,255	16.23	10	2,097,957	8.88	10	55%
Statewide:	3,559,685	\$64,845,187	\$18.22		\$34,847,299	\$9.79		54%

*Includes Center expenditures from Projects and Grants account.

Federal Funds	Per Capita	Ranking	% of Total Expenditures	Center Generated Funds	Per Capita	Rank	% of Total Expenditures
\$197,394	\$1.37	10	6%	\$1,382,573	\$9.58	4	39%
355,824	1.17	12	8%	1,483,232	4.88	15	35%
247,444	1.12	13	7%	1,174,675	5.32	13	34%
52,879	.39	17	3%	660,141	4.87	16	34%
316,326	1.41	8	10%	1,000,011	4.47	17	31%
665,480	1.72	5	10%	2,708,448	7.01	7	40%
185,437	1.08	14	7%	1,153,095	6.73	8	41%
321,567	1.03	15	3%	4,063,681	13.04	1	44%
403,160	2.17	3	12%	1,072,191	5.76	11	33%
72,625	.42	16	3%	970,918	5.61	12	40%
298,416	2.60	1	11%	1,164,014	10.14	3	42%
249,071	1.18	11	6%	1,770,403	8.40	5	44%
289,850	2.06	4	8%	1,470,401	10.47	2	40%
275,102	1.40	9	9%	992,587	5.04	14	34%
432,459	1.41	7	10%	1,838,805	5.98	9	41%
216,066	2.24	2	10%	778,315	8.08	6	35%
338,045	1.43	6	9%	1,397,253	5.92	10	36%
\$4,917,145	\$1.38		8%	\$25,080,743	\$7.05		39%

Community Mental Health Center Caseloads and Days of DMH Hospital Services Used Fiscal Year 1992

Community Mental Health Center	Number Served	End of Period Caseload ¹	Days of DMH Hospitals Used	Days of DMH Hospital Use Per 100,000	Change in Hospital Days Used FY91-FY92
Region A					
Aiken	3,160	1,252	35,890	24,857	-6%
Catawba	4,192	1,433	54,398	24,309	-11%
Columbia	7,990	3,586	161,934	51,980	-3%
Lexington	2,873	1,017	56,926	32,893	-11%
Region B					
A-O-P	7,561	3,224	60,839	20,034	11%
Beckman	4,132	1,973	60,229	27,269	8%
Greenville/Piedmont	6,897	3,329	80,614	24,682	-3%
Spartanburg	5,596	3,005	87,146	28,363	-3%
Region C					
Pee Dee	3,510	1,760	55,088	26,145	2%
Santee-Wateree	4,050	2,440	43,678	22,170	-6%
Tri-County	2,054	1,096	35,740	37,118	-9%
Waccamaw	4,798	2,475	39,942	16,912	-4%
Region D					
Berkeley	1,962	1,001	11,986	8,840	-11%
Charleston	4,285	2,243	65,653	16,983	1%
Coastal Empire	3,313	1,357	27,723	16,180	3%
Orangeburg	3,103	1,885	29,594	25,772	-16%
Total	69,476	33,076	907,380	25,490	-3%

¹ End of period caseload is the number of people who were on the center's caseload as of June 30, 1992

Community Mental Health Services Cost Analysis

December 1990 - December 1991

Community Mental Health Center	Staff Hours	Center Contacts	Billable Units	Clinical Services Operational \$	Cost Per		
					Staff Hour	Center Contact	Billable Unit
Region A							
Aiken	30,795.65	39,157	181,525	\$2,528,072	\$82.09	\$64.56	\$13.93
Catawba	36,712.15	38,196	119,898	2,950,154	80.36	77.24	24.61
Columbia	90,637.75	113,994	458,426	6,534,427	72.09	57.32	14.25
Lexington	18,963.30	25,488	91,193	2,020,304	106.54	79.26	22.15
Region A Total	177,108.85	216,835	851,042	14,032,957	79.23	64.72	16.49
Region B							
A-O-P	50,677.35	65,549	294,030	3,840,000	75.77	58.58	13.06
Beckman	35,773.98	41,826	182,493	2,714,068	75.87	64.89	14.87
Greenville	23,760.20	43,662	191,238	3,343,726	140.73	76.58	17.48
Piedmont	33,324.07	50,216	262,227	2,780,283	83.43	55.37	10.60
Spartanburg	41,529.58	65,816	267,284	4,080,217	98.25	61.99	15.27
Region B Total	185,065.18	267,069	1,197,272	16,758,295	90.55	62.75	14.00
Region C							
Pee Dee	54,309.73	58,037	276,738	3,662,683	67.44	63.11	13.24
Santee-Wateree	40,171.55	41,876	152,859	2,664,273	66.32	63.62	17.43
Tri-County	19,371.67	27,014	100,416	1,835,682	94.76	67.95	18.28
Waccamaw	47,866.33	48,741	218,873	3,747,607	78.29	76.89	17.12
Region C Total	161,719.28	175,668	748,886	11,910,245	73.65	67.80	15.90
Region D							
Berkeley	26,119.90	23,587	97,929	1,820,440	69.68	77.17	18.59
Charleston	77,910.80	87,353	269,148	6,353,495	81.55	72.73	23.61
Coastal Empire	27,918.78	36,573	171,486	2,694,016	96.49	73.66	15.71
Orangeburg	32,039.62	35,912	144,997	2,421,643	75.58	67.43	16.70
Region D Total	163,989.10	183,425	683,560	13,289,295	81.04	72.45	19.44
The State-Service Totals	687,882.41	842,997	3,480,760	\$55,990,792	\$81.40	\$66.42	\$16.09

Psychiatric Hospital Admissions Rates per 100,000 Population for Fiscal Year 91-92

Community Mental Health Center	FY 91	FY 92		Variance
	Rate	# of Adms	Rate	
Region A	242.2	2,003	234.9	-3.0
Aiken	140.0	225	155.8	11.3
Catawba	180.6	337	150.6	-16.6
Columbia	351.9	1,101	353.4	0.4
Lexington	208.4	340	196.5	-5.7
Region B	235.7	2,468	213.0	-9.6
A-O-P	226.6	579	190.7	-15.8
Beckman	236.4	577	261.2	10.5
Greenville/Piedmont	251.7	750	229.6	-8.8
Spartanburg	227.3	562	182.9	-19.5
Region C	225.8	1,794	242.4	7.3
Pee Dee	279.0	580	275.3	-1.3
Santee-Wateree	152.8	367	186.3	21.9
Tri-County	347.6	337	350.0	0.7
Waccamaw	188.2	510	215.9	14.7
Region D	139.7	1,125	139.2	-0.4
Berkeley	89.3	148	109.2	22.3
Charleston	136.3	538	139.2	2.1
Coastal Empire	157.0	255	148.8	-5.2
Orangeburg	184.0	184	160.2	-12.9
The State	213.5	7,390	207.6	-2.7

SCDMH Psychiatric Admissions:

Includes all admissions to SCSH & Bryan.

Includes admissions to CFSH and Harris on psych. papers.

Includes Children's Unit admissions at WSHPI.

Includes Santee-Wateree Non-Forensic admissions to WSHPI.

The admission rates are annualized.

The variance is the percentage difference between the FY 91 rate and the FY 92 rate.

An estimate of the 1992 population is used to calculate the admission rates.

Psychiatric Readmission Rates to Psychiatric Hospitals for Fiscal Year 1992

	FY 91 Rate	FY 92 # of Adms	FY 92 Rate	FY 92 Variance
Region A	64.2 %	1,277	63.8 %	-0.5 %
Aiken	51.5	110	48.9	-2.6
Catawba	60.9	198	58.8	-2.1
Columbia	69.7	761	69.1	-0.6
Lexington	58.3	208	61.2	2.9
Region B	53.0	1,326	53.7	0.7
A-O-P	49.0	286	49.4	0.4
Beckman	55.1	351	60.8	5.7
Greenville/Piedmont	56.8	404	53.9	-2.9
Spartanburg	51.2	285	50.7	-0.4
Region C	58.5	1,007	56.1	-2.3
Pee Dee	61.8	356	61.4	-0.5
Santee-Wateree	46.6	180	49.0	2.4
Tri-County	64.3	220	65.3	1.0
Waccamaw	57.6	251	49.2	-8.4
Region D	55.8	591	52.5	-3.3
Berkeley	61.0	76	51.4	-9.7
Charleston	54.7	279	51.9	-2.8
Coastal Empire	53.6	134	52.5	-1.0
Orangeburg	58.3	102	55.4	-2.9
The State	57.7	4,201	56.8	-0.8

SCDMH Psychiatric Readmissions:

Includes all readmissions to SCSH & Bryan.

Includes readmissions to CFSH and Harris on psych papers.

Includes Children's Unit readmissions at WSHPI.

Includes Santee-Wateree Non-Forensic readmissions to WSHPI.

The rate is the percentage of total psychiatric admissions that are readmissions.

The variance is the difference between the FY 91 and FY 90 rates.

Percent of Psychiatric Admissions to Psychiatric Hospitals Screened by Community Mental Health Centers for Fiscal Years 1991 and 1992

Community Mental Health Center	FY 91 Percent	FY 92 Percent	Change
Region A	97.2 %	97.3 %	0.1
Aiken	97.0	98.2	1.2
Catawba	97.7	98.2	0.5
Columbia	96.9	96.6	-0.3
Lexington	97.7	97.6	-0.1
Region B	92.4	98.6	6.2
A-O-P	86.3	97.9	11.6
Beckman	94.4	99.0	4.6
Greenville/Piedmont	95.1	98.5	3.4
Spartanburg	93.8	98.9	5.1
Region C	96.9	98.2	1.3
Pee Dee	98.5	99.0	0.5
Santee-Wateree	89.3	94.8	5.5
Tri-County	97.9	98.5	0.6
Waccamaw	99.3	99.4	0.1
Region D	96.5	97.6	1.1
Berkeley	96.6	98.0	1.4
Charleston	96.2	97.8	1.6
Coastal Empire	97.0	96.9	-0.1
Orangeburg	96.7	97.8	1.1
The State	95.3	98.0	2.7

SCDMH Psychiatric Admissions:

Includes all admissions to SCSH and Bryan.

Includes admissions to CFSH & Harris on psych. papers.

Includes the Children's Unit admissions at WSHPI

Includes Santee-Wateree non-forensic admissions to WSHPI

Admissions, Discharges, Population, and Staffing Level at Departmental Hospitals Fiscal Year 1992

Facility	FY 92 Admissions	FY 92 Discharges	FY 92 Year End Population	FY92 Average Daily Population	Clinical Staff to Patient Ratio June 92
Psychiatric					
Short Term Intensive					
Harris	2,533	2,525	147	129	.63
Bryan	4,010	3,991	194	200	.54
Hall	1,360	1,370	107	136	.35
Chronic					
SCSH	337	390	465	482	.84
CFSH	738	791	444	442	.81
Specialty					
Morris Village (A&D)	2,809	2,803	160	150	1.41
Byrnes (Med/Surg)	1,003	989	45	73	.52
Long Term Nursing Care					
Tucker	150	148	375	365	1.32
DGNCC	38	73	442	454	1.27
Campbell	65	62	88	86	—

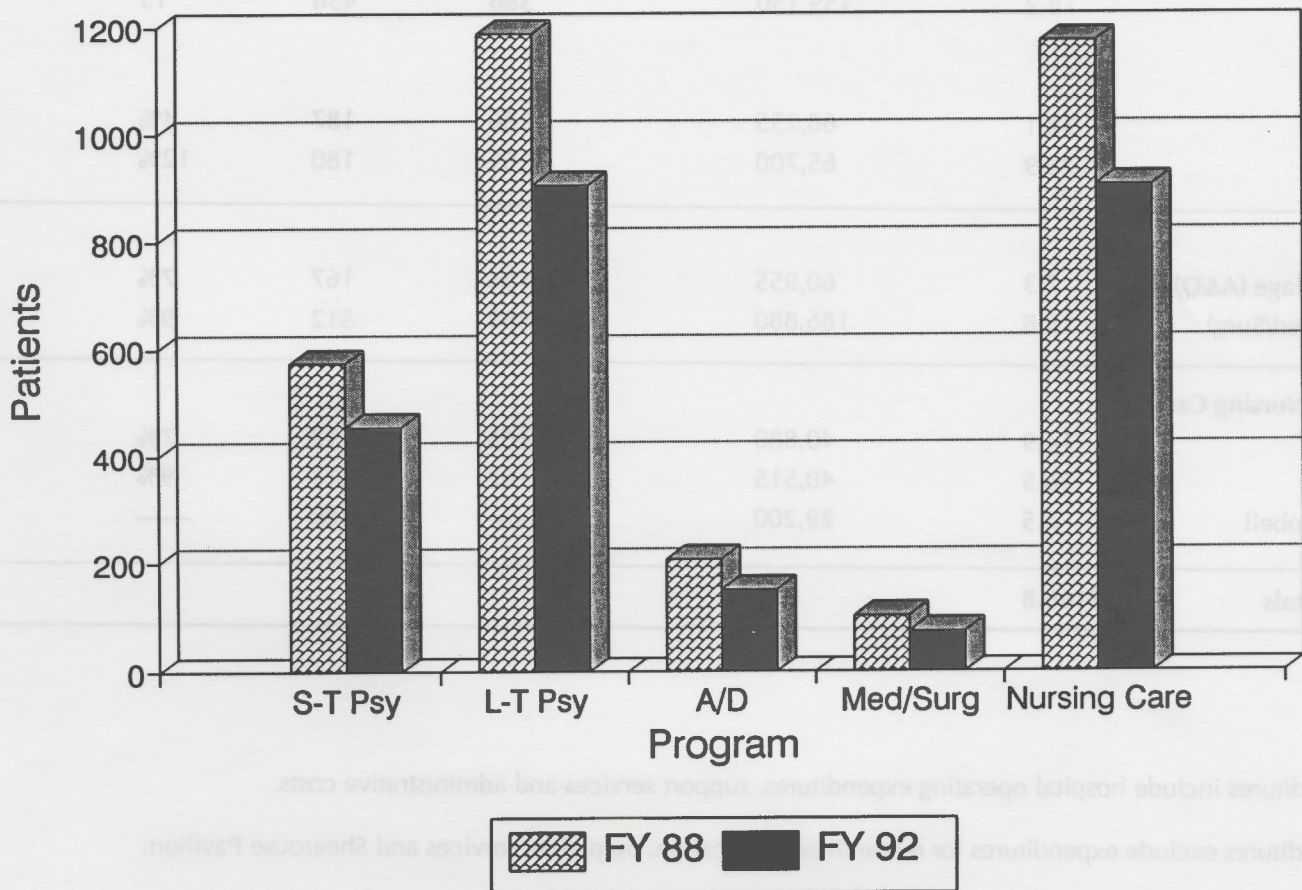
Admissions include all admissions and transfers in. Discharges include all discharges, deaths and transfers out.

Change in Average Hospital Populations

Fiscal Year 1988- Fiscal Year 1992

Facility	Average Daily Population		Population Change	Change
	FY 88	FY 92		
Psychiatric				
Short Term Intensive				
Harris	171	129	-42	-25%
Bryan	225	200	-25	-11%
Hall	178	136	-42	-24%
Chronic				
SCSH	658	482	-176	-27%
CFSH	528	442	-86	-16%
Specialty				
Morris Village (A&D)	208	150	-58	-28%
Byrnes (Med/Surg)	101	73	-28	-28%
Long Term Nursing Care				
Tucker	600	365	-235	-39%
DGNCC	572	454	-118	-21%
VA - Campbell	—	86	86	—
Hospital Totals	3241	2517	-724	-22%

DMH HOSPITAL AVERAGE DAILY CENSUS FY 88 vs. FY 92



Departmental Hospital Expenditures and Average Cost Per Patient Fiscal Year 1992

Facility	Total Expenditures (Millions) FY 92	Average Annual Cost Per Patient FY 92	Average Daily Cost Per Patient		Change
	FY 91	FY92			
Psychiatric					
Short Term Intensive					
Harris	\$13.1	\$102,565	\$285	\$281	-1%
Bryan	18.5	92,345	263	253	-4%
Hall*	19.2	159,150	386	436	13
Chronic					
SCSH	32.1	68,255	180	187	4%
CFSH	28.9	65,700	161	180	12%
Specialty					
Morris Village (A&D)	7.3	60,955	156	167	7%
Byrnes (Med/Surg)	13.8	186,880	469	512	9%
Long Term Nursing Care					
Tucker	14.9	40,880	105	112	7%
DGNCC	18.5	40,515	102	111	9%
VA - Campbell	2.5	29,200	—	80	—
Hospital Totals	\$168.8				

Total expenditures include hospital operating expenditures, support services and administrative costs.

*Hall expenditures exclude expenditures for research and education, outpatient services and Shearouse Pavilion.

Total Number of Documents Printed	<u>300</u>
Cost Per Unit	\$ <u>2.93</u>
Printing Cost - S.C. State Budget & Control Board (up to 255 copies)	\$ <u>752.98</u>
Printing Cost - Individual Agency (requesting over 255 copies and/or halftones)	\$ <u>126.55</u>
Total Printing Cost	\$ <u>879.53</u>

